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Communication for Healthy Communities (CHC)

Year 3: Second Quarter Report

January – March 2016

Communication for Healthy Communities (CHC)

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Submitted By:

Anne Akia Fiedler, Chief of Party

Submitted To:

Rhobbinah Ssempebwa, Agreement Officer's Representative (AOR)
 United States Agency for International Development
 U.S. Mission Compound – South Wing
 1577 Gaba Road, Nsambya
 P.O. Box 7856
 Kampala, Uganda
 Tel: +256-41-306-001 / Fax: +256-41-306-661
 Email: rsempebwa@usaid.gov

For more information, contact:

Communication for Healthy Communities (CHC)
 FHI 360 Uganda
 Plot 15 Kitante Close, Kampala, Uganda
 P.O. Box 5768 Kampala
 Telephone: +256-312-266-406
 Website: www.fhi360.org

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LIST OF ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
ASSIST	Applying Science to Strengthen and Improve Systems
BCC	Behavior Change Communication
CDFU	Communication for Development Foundation Uganda
CHC	Communication for Healthy Communities
COP	Community of Practice
DFID	Department for International Development
DHE	District Health Educator
DHO	District Health Officer
DHT	District Health Team
DOP	District Operational Plan
DREAMS	Determined Resilient Empowered AIDS free Mentored Safe
EMTCT	Elimination of Mother-to-Child Transmission
FAQ	Frequently Asked Questions
GAINS	Global Alliance for Improved Nutrition
GOU	Government of Uganda
HC	Health Communication
HCT	HIV Counseling and Testing
HEPU	Health Education and Promotion Unit
HMIS	Health Management Information System
IDI	Infectious Disease Institute
IP	Implementing Partner
IPC	Inter-Personal Communication
IR	Intermediate Result
IRCU	Inter Religious Council of Uganda
IRS	Indoor Residual Spraying
KBS	Kamuli Broadcasting Services
KM	Knowledge Management
LLIN	Long Lasting Insecticide Treated Net
LS	Life Stage
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MER	Monitoring, Evaluation and Research
MFT	Mass Fever Treatment
MoGLSD	Ministry of Gender Labor and Social Development
MOH	Ministry of Health
MSU	Marie Stopes Uganda
OSIMS	OBULAMU Site Improvement Monitoring system
PACE	Programme for Accessible health Communication and Education
PMI	Presidential Malaria Initiative
PRS	Performance Reporting System
SBCC	Social and Behavior Change Communication
SDS	Strengthening Decentralization for Sustainability
SMC	Safe Male Circumcision
SMGL	Saving Mothers Giving Life
SMS	Short Message Service
SOP	Standard Operating Procedures
SRH	Sexual Reproductive Health
STAR	Strengthening TB and HIV and AIDS Response
TA	Technical Assistance
TOR	Terms of Reference
TOT	Training of Trainers
TV	Television
TWGs	Technical Working Groups
UAC	Uganda AIDS Commission
UBC	Uganda Broadcasting Corporation
UCU	Uganda Christian University
UHMG	Uganda Health Marketing Group
USAID	United States Agency for International Development
USG	United States Government
VHT	Village Health Team
VMMC	Voluntary Medical Male Circumcision
WG	Working Group

INTRODUCTION

Communication for Healthy Communities (CHC) is a 5-year, USAID funded project whose goal is to support Government of Uganda and partners to design and implement quality health communication interventions that contribute to reduction in HIV Infections, total fertility, maternal & child mortality, malnutrition, malaria & tuberculosis (TB). To achieve this, the project uses innovative health communication (HC) approaches, capacity strengthening, increased collaboration among partners, and rigorous research and knowledge management for health communication.

This report highlights the major accomplishments for the second quarter (January – March 2016) of Year 3 project implementation. The report is structured by intermediate result area (IR1, IR2 and IR3) as described below.

- IR1: High quality health communication interventions designed and implemented
- IR2: Improved coordination of health communication interventions
- IR3: Increased research and knowledge management to enhance health communication.

Under each intermediate result area, the report gives a detailed overview of the planned activities for this reporting period, those accomplished, challenges explaining over or under achievement, lessons learnt and plans for the next quarter.

SUMMARY OF ACHIEVEMENTS THIS QUARTER

Outstanding achievements during this reporting period were:

- Working with Baylor Uganda, CHC introduced innovative live radio shows in Western Uganda that involved community dialogues on SMGL issues. Testimonies from satisfied users of SMGL services, as well as positive deviants like former Traditional Birth Attendants, were key in the dialogues.
- CHC worked in collaboration with Marie stopes, RHU, PLAN, and Church of Uganda's FLEP project to conduct 20 edutainment based youth activations, popularly known as (*Kadankes*), to promote contraceptive uptake among young girls. These took place in Imanyiro, Bugulumbya, Nambaale, Bukooma and Bulange sub-counties.
- CHC conducted participatory action research with fifteen Adolescent Girls aged 15-19 years selected from Lira, Oyam and Gulu districts. The research aimed at understanding the barriers and facilitators of HIV and pregnancy prevention amongst Adolescent Girls.
- CHC developed a draft condom promotion manual, intended to support implementing partners, District Health Educators, and Health Assistants to conduct training of community based volunteers in the promotion of condom use. The developed materials will be printed in the next quarter.
- CHC worked with MoH, BCC WG, and USG IPs to develop, translate into 19 local languages, and produce Life Stage 3 (caretakers of children under five) materials, including: 15 posters, a radio and television spot, IPC discussion cards on early initiation of breastfeeding, complimentary feeding, eMTCT, pediatric HIV and, prevention and management of childhood illnesses such as malaria and diarrhea.
- In collaboration with IPs and districts, CHC broadcast OBULAMU campaign messages on 43 radio stations, 4 TV stations, and in 40 buses plying upcountry routes, reaching an estimated 10.3 million across the country.
- CHC provided mentorship and support to 27 IP staff and 25 DHEs and DHOs who had previously received SBBC training. The purpose was to assess how they utilized the acquired SBCC skills and how they integrated OBULAMU components into their programming.
- To promote the learning agenda under the MER/KM task force, CHC conducted an OBULAMU site improvement monitoring and support supervision exercise across 16 districts. Collaborators included the MOH and USG implementing partners.
- CHC produced one January e-Newsletter that was shared it with USAID, MOH, UAC, USG-IPs and stakeholders.
- CHC and Uganda Christian University's Save the Mother's program (UCU-STM) met in March to discuss opportunities for collaboration, with the result that opportunities for UCU students to conduct their research or thesis on the CHC program have been identified.

PROGRAM COMPONENTS AND ACTIVITIES

Intermediate Result 1: High quality health communication interventions designed and implemented

1.1 Provide technical assistance to USG IPs on ongoing HC interventions and special campaigns

1.1.1 Saving Mothers Giving Life (SMGL) Communication Support in northern and western Uganda

Organizations Involved:

FHI 360, UHMG, MOH and USG IPs

Activities Planned:

- Convene SMGL communication sub-committee to review, update and disseminate SMGL materials.
- Review IP data and conduct Action Media to identify barriers and facilitators to uptake of desired SMGL behaviors, in western and northern Uganda
- Work with USG IPs in northern and western Uganda to implement inter-personal and mass media interventions to increase the demand and utilization of SMGL services in the facilities.

Activities accomplished:

- **Convene SMGL communication sub-committee to review, update and disseminate SMGL materials:** During the quarter, CHC held discussions with SMGL partners: ASSIST, Baylor and IDI to discuss SMGL communication needs and to review available materials. Insights from these discussions informed the development of SMGL materials that include posters and cue cards on ANC, delivery at the health facility, and newborn care. The SMGL sub-committee meeting did not take place but is scheduled for next quarter
- **Review IP data and conduct Action Media to identify barriers and facilitators to uptake of desired SMGL behaviors in western and northern Uganda:** During discussions with SMGL partners, CHC realized that partners had already documented the barriers and facilitators on uptake of SMGL behaviors. CHC determined that Action Media was not necessary, but instead used partner data to inform the development of communication materials and messages. Materials production will be finalized the next quarter.
- **National level coordination of SMGL Communication:** CHC coordinated communication activities for SMGL IPs. Key partners include; Ministry of Health, Marie Stopes Uganda (MSU), Baylor Uganda, Infectious Diseases Institute (IDI), Program for Accessible Communication and Education (PACE), Uganda Health Marketing Group (UHMG), Strengthening Decentralization for Sustainability Program (SDS) and Applying Science to Strengthen and Improve Systems (ASSIST).
AS part of the coordination efforts at national level, CHC together with these IPs:
 - Finalized the development of a joint SMGL communication implementation plan for both western and northern Uganda. The plan focuses on: (i) birth preparedness and planning, (ii) early ANC, (iii) Newborn care practices (iv) Danger signs during and after pregnancy (v) postnatal care.
 - Developed client/provider health communication materials that included cue cards and posters. The materials contain messages to address gaps in information, motivation, skills and norms around Antenatal Care, newborn care, health facility delivery, partner support, and danger signs in pregnancy.
- **Work with USG IPs in northern (SDS and ASSIST) western (Baylor and IDI) Uganda to implement inter-personal and mass media interventions to increase the demand and utilization of SMGL services in the facilities:**



One of the Provider Materials developed on Newborn care

- i) **Communication Support to IPs in Western Uganda:** In the four Western Uganda districts of Kyenjojo, Kamwenge, Kibaale and Kabarole, CHC worked with Baylor Uganda, Infectious Diseases Institute (IDI), PACE, and the district local governments to register the following achievements:

- Produced and disseminated 1,265 SMGL client and provider materials to address gaps in information, motivation, skills and norms around pregnancy and delivery as identified in the community. *The table 1 shows the type of SMGL materials that were disseminated in quarter 2.*

No	Material	Quantity
1	How is your pregnancy? Posters	315
2	How is Baby Opio Posters	16
3	Alive and Healthy brochures	50
4	Mid wives calendar	10
5	Family Planning flipcharts	71
6	Couple testing posters	157
7	Couple testing certificates	100
8	Talking points for Leaders	253
9	Malaria posters	309
Total		1,265

- Introduced innovative live radio shows involving community dialogues. Two community dialogues in Nkoma – Kamwenge and Kibaale– Kabarole were conducted and linked to Kabarole Research Radio. Panelists included district leaders, DHT, eminent community members who discussed issues relating to SMGL in their communities. Testimonies from satisfied users and positive deviants like former Traditional Birth Attendants were used.



A KRC radio presenter moderates at one community dialogue in Kibaale that was linked to live radio

- Followed up 234 VHTs to strengthen IPC skills in providing information and referral on SMGL including, ANC and health facility delivery and other interventions.
- Broadcast 2,700 radio spots and DJ mentions on 3 radio stations. The radio spots and mentions focused on ANC attendance, danger signs, male involvement and delivery at the health facility. In Kabarole and Kamwenge districts, conducted five sub county leaders' dialogues in sub counties with poor performance on key maternal and Child health indicators. A total of 186 leaders took part in these dialogues and they resolved to increase awareness around these key SMGL actions through existing community platforms such as village saving groups, church meetings and services among others.
- Working with Kabarole District Local Government and Ngombe Community Health Services a local Faith Based Organization, CHC engaged 20 religious from Kabarole in a meeting to popularize male involvement in family planning services.

Table 2: People reached with SMGL messages during IPC activities

Activity	District	VHTs		DHT		Others (Religious and opinion leaders)		Total
		M	F	M	F	M	F	
Community dialogue	Kabarole	-	-	1	1	-	-	2
Community radio talk show	Kabarole	1	3	2		10	16	32
Champions Summit (meeting)	Kabarole	24	35	-	-	1	2	62
Champions Summit (meeting)	Kamwenge	57	29	-	1	3	-	90
Community radio talk show	Kamwenge	5	3	1		8	12	29
Community dialogue	Kamwenge	10	9	3	4	2	2	30
Champions Summit (meeting)	Kabarole	6	24	1	-	1	-	32
Champions Summit (meeting)	Kyenjojo	32	27	2	-	2	1	64
Total		135	130	10	6	27	33	341

ii) SMGL Communication support to Northern

Uganda: In Northern Uganda, CHC supported the Strengthening Decentralization for Sustainability Programme (SDS), Applying Science to Strengthen and Improve Systems (ASSIST) and district local governments of Gulu, Lira, Nwoya, Pader, Dokolo, and Apac to design and rollout SMGL demand generation interventions. Key achievements included:

- Produced and disseminated 5,177 SMGL client and provider materials, including; pregnancy care planner, midwives calendar, flipcharts, posters, brochures, conversation guides and dialogue tools. Materials helped address gaps in information, motivation, skills and norms around pregnancy and delivery at health facility.
- Held 3 SMGL coordination meetings with ASSIST and DHOs of Nwoya and Gulu. As a result of these meetings, key communication issues identified included: mothers not going for early ANC because of fear of witch craft and taboos about showing one's pregnancy to the community; women not aware of danger signs of pregnancy; and women with many children do not go to deliver at the health facility because they think they have enough experience. Based on these identified issues, CHC developed client and provider communication materials focusing on danger signs and early ANC.
- Provided 184 ASSIST-supported champions including VHTs serving 51 high volume sites in the region with community dialogue, feedback and referral tools, to facilitate dialogue on SMGL and referral to services.



ASSIST team facilitating a community dialogue during Dr. Claudia Colon SMGL Advisor's Visit to Northern Uganda.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, April – June 2016:

- Convene SMGL communication sub-committee to review communication plan, focus interventions of Delay 1, and conduct quarterly SMGL meetings at national and regional levels.
- Work with SMGL communication sub-committee to rollout interventions in 10 SMGL districts of northern and western Uganda

1.1.2 USAID/DFID young women FP campaign in 5 East-Central districts

Organizations Involved:

FHI 360, MOH and USG IPs

Activities Planned:

- Orient and deploy 250 youth-friendly champions in 5 project districts (10 sub counties)
- Conduct 40 community mobilization events (Kadanke Youth activations) in 5 project districts
- Broadcast 1,350 radio mentions/exposures on Baba FM, NBS FM, and Kamuli broadcasting service
- Finalize and disseminate baseline report
- Conduct coordination meeting with Marie Stopes Uganda and develop a joint implementation schedule linking demand generation and service delivery interventions.
- Deepen the reach of contraception and SRH communication interventions to AGYW in the five districts. This will include, working with IPs, districts and champions to disseminate materials and tools to 50 intervention sub-counties.

Activities accomplished:

- Oriented and deployed youth-friendly champions in 5 project districts (10 sub counties):** Having the focus of reaching every girl through youth friendly champions and based on the need on ground, CHC oriented and deployed an additional 543 youth-friendly champions who were over and above the target for this quarter (250), in Iganga, Kamuli, Luuka, Mayuge and Namutumba districts bringing the total number to 805 champions oriented, to reach adolescent girls (15-19) and young women (20-24) with information, motivation and referral to contraceptive services.

A photograph showing a male champion in a dark shirt sitting on the ground and talking to a young girl in a pink patterned dress. He is holding a poster titled 'OKOBAKI?' which features images of people. The background is a brick wall.
- Champions reached an estimated 14,344 AGYW during one-on-one sessions, and 21,516 AGYW through group dialogues. Key champion activities included; follow-up visits through one-on-one and small group dialogue sessions.
- CHC followed-up 357 of the 805 champions in Kamuli, Mayuge and Iganga to check quality interventions, and also interviewed AGYWs reached with SRH information.
- Conducted 20 community mobilization events (Kadanke Youth activations) in 5 project districts:** CHC, in collaboration with Mariestopes, RHU, PLAN, and Church of Uganda's FLEP project conducted 20 edutainment based youth activations, popularly known as (Kadanke). These took place in Imanyiro, Bugulumbya, Nambaale, Bukooma and Bulange sub-counties. CHC also conducted youth dialogue sessions reaching 2,860 AGYW and 1,650 partners, and one-on-one sessions reaching 1,310 AGYW and 700 partners. The following table shows summary of key statistics from the community shows.

Table 3: Number reached during AGYW community mobilization activations

Audience Category	Males	Females	Total
Total Attendance	1,620	3,640	5,260
Reached by IPC dialogue messages (touch points)	1,171	3,124	4,295
FP methods (Depo, pills, implants)	0	39	39
Dispensed condoms	67,373	3,405	70,778 pieces

- Reaching AGYW through radio:** CHC broadcast 2,608 radio mentions/exposures on Baba FM, NBS FM, and Kamuli Broadcasting Service, between January and March 2016. Messages were strategically placed within radio programs popular with youth, which include; (i) Youth moment and Amayingo on Baba FM (ii) Love Zone on Apex and Baba FM (iii) Evening drive on KBS and Ensi neby'ayo on NBS radio reaching an estimated number of 400,000 AGYWs and their partners. The following table gives a summary of radio programs/exposures broadcast between January and March 2016:

Table 4: Number of Exposures in quarter 2 (January – March 2016)

Product	Radio Stations	Frequency Per Day	Total number of exposures
OBULAMU DJ led discussion – interactive engagement	4	Once in popular program	144
Radio Spots	4	Twice a day	1,056
DJ Mentions	4	Twice a day	1,408
Talk Shows	4	Once a month	N/A
Total			2,608

- Baseline Report:** CHC finalized the baseline report on the assessment of adolescent girls and young women's contraceptive knowledge in east central Uganda, and plans to disseminate findings to stakeholders in quarter three. Key findings from the assessment indicated that;

- **KNOWLEDGE:** General awareness of available contraceptive choices relatively high at 78% (could name at least one contraceptive method). However, 75% do not know how the method is used.
 - **MOTIVATION:** 56% were likely to use contraception in the next six months and 28% were unlikely.
 - **SKILLS:** 89% needed skills on contraceptive use and only 83% knew where to get the skills e.g. from the health center, VHT and same sex peers.
 - **ACCESS:** Only 25% sought advice on contraceptive use.
 - **NORM/APPROVAL:** 69% approve contraceptive use. 55% among (15-19) and 74% among (20-24).
- **Coordination meeting with Marie Stopes Uganda:** CHC conducted a coordination meeting with Marie Stopes Uganda and developed a joint implementation schedule linking demand generation and service delivery interventions. During a jointly implemented Kadanke and 11 AGYW took up Implants (Implanon and Jadelle) in Bufulubi Health Centre II, in Mayuge District.
 - **Marie Stopes Uganda Hotline:** CHC advertised the MSU Hotline on all materials and Radio. As a result the hotline has since March 2016 registered a tremendous increase in number of AGYW callers from 30% to more than 100% in the five districts. Hotline report shows: *“Boys call-in complaining that girls have become “sharper” and hard-to-get...” boys ask for condoms and skills to talk to adolescent girls”.*
 - **Deepening the reach of SRH communication interventions:** In partnership with DHTs, IPs, health assistants and peer champions CHC placed 5,674 print materials in 1,321 villages in 50 sub counties to support IPC and Radio. Materials were placed in strategic places such as; water collection points, transport stages, local shops and pharmacies, trading centers and places of worship.



Above: A peer champion pinning up adolescent materials.

Comments/ Challenges:

- Due to the high demand for contraceptives, there are frequent stock-outs of condoms and Depo at health facilities e.g. in Kamuli, Namutumba and Mayuge.
- Interventions were disrupted by the Parliamentary & Presidential elections in January-February 2016 – limited community interventions and vandalizing of campaign materials.

Lessons learnt

- Among young women, condoms are more popular than other contraceptive methods
- Integrating AGYW mobilization with livelihood interventions increases motivation of AGYW to seek and take up contraceptive services. It also gives alternative choices of making income other than depending on male partners.
- Parents are a key influencers of adolescent girls. They appreciate the problem of supporting their girls and support the girls' participation in the KADANKEs, and taking up contraceptive services.
- Recognizing the sexuality needs of adolescent girls makes them open-up and receptive to information and services.
- *“OKOBAKI- What's My Choice”* approach is open-ended and makes AGYW's open-up on various issues affecting them.

Plans for the next quarter, April - June 2016:

- Orient and deploy 500 youth-friendly champions in 5 project districts (10 most affected sub-counties)
- Conduct 50 community mobilization events (Kadanke Youth activations) in 5 project districts [10 most affected sub-counties]
- Broadcast 5,400 radio mentions/exposures on Baba FM, NBS FM, and Kamuli broadcasting service

1.1.3 Communication support to DREAMS project intervention sites (in 10 districts)

Organizations Involved:

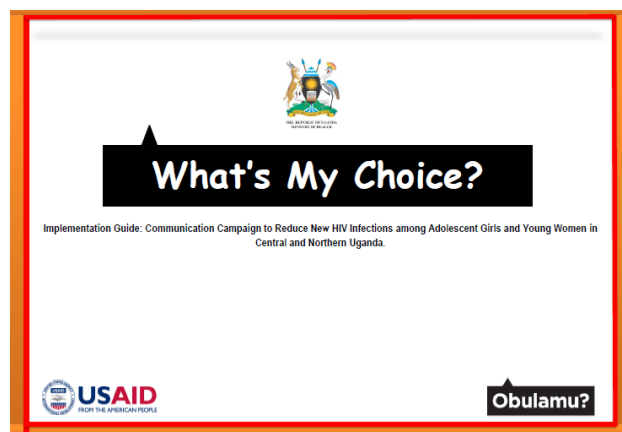
FHI 360, MOH, USG IPs, DHTs

Activities Planned:

- Develop implementation plan for DREAMS communication interventions in the northern, central 1 and central 2 regions
- Conduct Action Media with AGYW to understand the drivers of HIV epidemic in this age group
- Develop and test selected HC tools, materials and interventions on HIV prevention among AGYW and their male partners/sexual network.
- Work with GOU, USG IPs and DHTs to enlist, orient, and deploy 1,000 AGYW-friendly champions and provide them with tools to address AGYW SRH (undertaken as part of rollout of LS 1, 2, and 4).
- Conduct 25 Kadanke Youth Activations for AGYW and their sexual partners/sexual network (undertaken as part of rollout of LS 1, 2, and 4).
- Hold a joint meeting between Buganda Kingdom and USG IPs in central region to develop a work plan and formalize the partnership.

Activities accomplished:

- **CHC in collaboration with partners developed a DREAMS communication Plan:** CHC developed an implementation plan for DREAMS communication interventions for both northern, central 1 and central 2 regions. The guide is meant to guide CHC and partners in the day-to-day implementation, monitoring and evaluation of DREAMS demand generation and communication interventions. It clearly spells out the key activities that will be implemented, the role of the different partners in the consortium & the desired behaviors to be promoted.



- **CHC conducted Action Media with AGYW to understand the drivers of HIV epidemic in this age group:** During the quarter, CHC conducted Action Media with fifteen Adolescent Girls aged 15-19 years selected from Lira, Oyam and Gulu districts. The purpose of the research was to understand the barriers and facilitators of pregnancy and HIV prevention amongst adolescent girls. The specific objectives were:
 - To explore the life context of the adolescent girls.
 - To explore the perceptions and practices about adolescent girl's sexuality.
 - To explore the barriers and facilitators of pregnancy and HIV prevention amongst the adolescent girls.
 - To document language, symbols and the communication channels.

Findings point to the following programmatic implications:

- Owing to the fact that teachers were mentioned as trusted sources of information for both in and out of school girls and their parents, activities that target teachers need to be designed
- The need to address existing myths and misconceptions, negative gender & social norms on sexuality, pregnancy, and HIV/AIDS.
- Interventions should address existing knowledge gaps and also build the AGYW skills around sexuality.
- There's is need to make the health services friendly to the AGYW; possibly have a specific day for Adolescent friendly services.
- Interpersonal communication key to addressing adolescent communication needs



AGYWs sharing their experiences during Action media sessions

- Communication interventions should spell the various choices that are available to AGYW outside early marriage. The choices include; delaying sexual debut and early marriages, having income generating activities, saying no to sex in exchange for gifts, girls being assertive on condom use among others.
- Collaboration with all USG and non-USG partners is critical to the success of program as consortium partners are providing different elements of the core package of interventions.

The Action Media findings are already being used to design specific AGYW interventions, HC materials and tools. Finding will be disseminated to districts and USG IPs next quarter.

- **Developed and produced HC materials and tools:** DREAMS specific SBCC materials are under development. Some materials have been adapted from the OBULAMU Life Stage 4 (Adolescents) materials, while others have been developed based on insights from the Action Media. Materials include: Radio skits, DREAMS song and poem, Radio Magazines, IPC Cards, adolescent ART materials, television commercial, comic book, Animated video, ART video and radio, video on life skills. All the materials will be ready by the end of April to enable the roll-out of the DREAMS interventions.
- **Enlisting, orientation and deployment of AGYW friendly champions and Kadanke youth Activations:** These two activities did not take place because DREAMS specific materials and tools were not available. With the materials now available roll-out will start in the quarter 3.
- **Joint meeting between Buganda Kingdom and USG IPs:** This meeting did not take place, because formalization of the collaboration with the Buganda government is still on-going. During the quarter, CHC Held a meeting with Buganda Kingdom to get more insight into the 'Kisakaate' and the kingdom's implementation structure. As a result of this meeting a concept note on collaboration between the two organizations was developed. In quarter 3, collaboration with the Buganda Kingdom will be formalized and this will be followed with a joint meeting the USG IPs.

Other accomplishments in the quarter include:

- **District and sub-country entry meetings:** CHC participated in two district entry meetings in Gulu and Oyam districts, and 17 sub-county entry meetings (in Gulu, Oyam and Lira). The meetings, jointly held with other USG IPs were aimed at orienting the political and technical leaders on DREAMS and enlisting their commitment to support the project.
- **Mapping of vulnerable sub-counties:** CHC in collaboration with USG IPs conducted a mapping exercise of the most vulnerable sub-counties. The mapping also identified:
 - Over 42 hotspots for AGYW (20 in Gulu, 11 in Oyam, 11 in Lira districts)
 - Nine health facilities providing Adolescent Friendly services in the three districts.
 - Twenty- two media channels across the three DREAMS districts.

Comments/ Challenges:

- N/A

Lessons learnt

- The district and sub-country leadership has high expectations of the DREAMS initiative to address issues of HIV/AIDS prevalence among adolescent girls, teenage pregnancy and early marriages that are very prevalent in Uganda.
- Because of the many DREAMS consortium partners, co-ordination and harmonization of plans will be crucial for the success of the initiative.

Plans for the next quarter, April - June 2016:

- Work with GOU, USG IPs and DHTs to follow-up 500 previously oriented and deployed youth-friendly champions in the 10 districts, and update the list with additional peer leaders and influencers (undertake as part of rollout of LS 1, 2, and 4)
- Conduct 100 community mobilization events (Kadanke Youth Activations) for AGWY and their sexual partners/sexual network (undertaken as part of rollout of LS 1, 2, and 4)
- Broadcast 24,400 radio mentions/exposures on 10 radio stations that reach the 10 intervention districts to supplement IPC (undertaken as part of rollout of LS 1, 2, and 4)

1.1.4 Support USG IPs to integrate/mainstream gender into HIV prevention and treatment interventions

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Work with MoGLSD and USG IPs to finalize the development and standardization of gender training curriculum, materials and tools for IPs, health workers, and champions.
- Work with MoGLSD and USG IPs to organize 4 regional TOT sessions for IP staff and selected health centers to cascade the training to district, health sub-district, and community levels.
- Integrate standardized gender training manual, materials and tools into OBULAMU champion's orientation and implementation of OBULAMU activities.

Activities accomplished:

Working with MoGLSD and USG IPs to finalize the development and standardization of gender training curriculum, materials and tools for IPs, health workers, and champions: CHC in collaboration with MoGLSD and IPs participated in a meeting in which the consultants presented the draft gender integration manual to the stakeholders. Based on feedback from IPs, the consultants are reviewing manual and will finalize in May 2016

- **Work with MoGLSD and USG IPs to organize 4 regional TOT sessions for IP staff and selected health centers to cascade the training to district, health sub-district, and community levels:** This activity was not conducted this quarter because the training curriculum was not yet finalized. However, this will be done in quarter 3.
- **Integrate standardized gender training manual, materials and tools into OBULAMU champion's orientation and implementation of OBULAMU activities:** CHC has integrated gender in orientation of champions throughout the following ways;
 - CHC uses a Values Clarification Tool during training of champions. The tool enables VHTs to discuss gender issues that may prevent them from mobilizing members for services. OBULAMU messages on posters, radio and TV contain gender perspectives as they depict areas for male partner support, and provide women voices in issues such as condom use, sleeping under a LLIN, care during pregnancy and going for HIV counselling and testing among others.
 - CHC IPC activities in the community use drama and entertainment to help communities examine and discuss gender norms and how they affect uptake of healthy behaviors. Additionally respected male community champions promote discussions and dialogue around gender transformation.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, April - June 2016:

- Integrate standardized gender training manual, materials and tools into OBULAMU champions orientation and deployment, demand creation interventions, and media buy-in and placements.

1.1.5 Communication support to malaria prevention and treatment

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

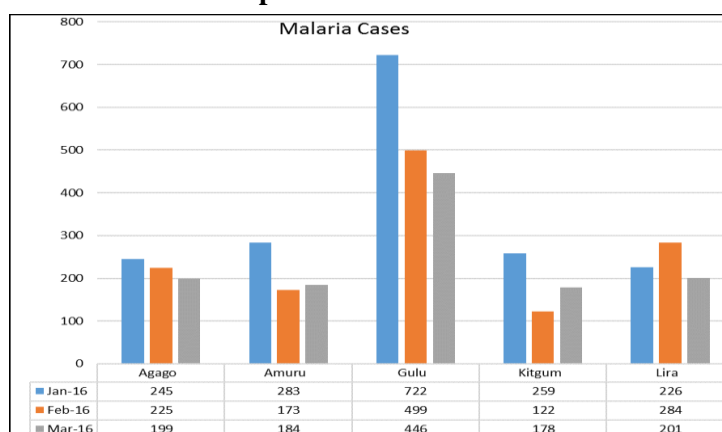
- Provide technical assistance to IPs and districts to respond to the malaria outbreak in northern Uganda

- Use community radio stations to broadcast 1,850 radio mentions on LLIN use, effective malaria case management, environmental control
- Provide TA to Abt/IRS project and CDFU in eastern Uganda to scale up reach of messages on duo-protection (LLINs and IRS), and completion of treatment when diagnosed with malaria through mass media and IPC
- Support MOH, DHTs and USG IPs to integrate malaria communication interventions on prevention and case management in on-going OBULAMU campaign activities in all the 80 malaria endemic districts across the country.
- Participate in the national Malaria task force meetings and co-chair malaria communication WG to enhance coordination on malaria prevention and control.

Activities accomplished:

- **Coordination with MoH, SDS, ASSIST and districts for Malaria prevention and control in northern Uganda:**

CHC participated in 6 Malaria task force meetings in northern Uganda, in which the team discussed OBULAMU communication support to efforts to address the malaria epidemic, including a proposal to include media houses, and sub county officials in the task force. The inclusion of media houses enables them to air malaria messages and provide talk show times to the DHEs and malaria focal point persons. *The graph on the right shows malaria cases as analyzed from HMIS for this reporting period.*



- **Participate in the Malaria National Task force meetings to enhance coordination with MoH and partners on Malaria prevention and control:** CHC attended Malaria coordination and task force meetings at MoH. The meetings highlighted the need for better coordination and scaling up malaria interventions. One key resolution from the meetings was to share soft copies of malaria materials with IPs for scale up. IPs such as ASSIST and RHITES-SW have obtained soft copies of OBULAMU malaria materials for reprinting.
- **Dissemination of Malaria messages by the religious leaders:** CHC held five-one day meetings with religious leaders and DHEs from the 15 northern Uganda districts. Eighty-one (81) people, (15DHT members, 59 religious leaders and 07 CSOs) were reached. The purpose of the meetings was to create a joint platform to link CHC with religious leaders and district partners. This meeting was a follow on to the December 2015 meeting of religious leaders from Acholi and Lango sub region, aimed at orienting them on the malaria outbreak and OBULAMU campaign. During the meeting, religious leaders shared feedback on work done in reaching their congregations with malaria messages.
- **Broadcast radio messages on malaria prevention and control:** CHC broadcast 2,640 DJ mentions on LLIN use, case management and environmental control on five radio stations in northern Uganda: Mega FM, Unity FM, Rupiny FM, Mighty Fire and Apac FM.
- **Communication support to Abt/IRS project and CDFU in eastern Uganda:** CHC held meetings with CDFU/ABT/IRS team to plan for communication for the upcoming IRS exercises in Eastern and Northern regions. The result was the development of a joint roadmap for the spray exercise. Further, CHC reviewed IRS materials that were modified to cater for the new chemical (Acetellic). The planned preparatory communication activities are to be implemented within the month of April, 2016.
- **Support MOH, DHTs and USG IPs to integrate malaria communication interventions on prevention and case management in on-going OBULAMU campaign activities in all the 80 malaria endemic districts across the country:** Malaria communication interventions have been integrated in the rest of the OBULAMU campaign activities particularly in the most affected districts. In Kabale, CHC responded to a malaria outbreak in Kamwezi sub county. The specific interventions included; orientation of media personnel and district leaders on malaria prevention, and supporting VHT with talking points to reach households with malaria prevention messages.

Comments/ Challenges:

- Whereas religious leaders reach many with malaria messages, documentation of their work remains a challenge.

Lessons learnt:

- Religious institutions have well established structures that can aid the roll-out of interpersonal communication (IPC) activities.

Plans for the next quarter, April – June 2016:

- broadcast 7,500 radio mentions on LLIN use, effective malaria case management, environmental control on five radio stations
- Provide TA to Abt/IRS project and CDFU in eastern Uganda to scale up reach of messages on dual-protection (LLINs and IRS), and completion of treatment when diagnosed with malaria through mass media and IPC
- Support MOH, DHTs and USG IPs to integrate malaria communication interventions on prevention and case management in on-going OBULAMU campaign activities in all the 80 malaria endemic districts across the country

1.1.6 Communication support for Tetanus Vaccination as part of the VMMC package**Organizations Involved:**

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Finalized communication plan and produce client and provider materials to support rollout of Tetanus Vaccination as part of the VMMC package
- Hold IP meeting to disseminate Tetanus communication materials and tools, including a report from stakeholder consultations on Tetanus vaccination for VMMC.
- Design and implement targeted communication support and demand generation activities for VMMC uptake in the 57 VMMC COP 15 districts (Links with activity 1.3)

Activities accomplished:

In support of MOH and IPs to execute the new Tetanus Vaccination for VMMC guidelines, CHC finalized, produced and disseminated the new materials and tools.

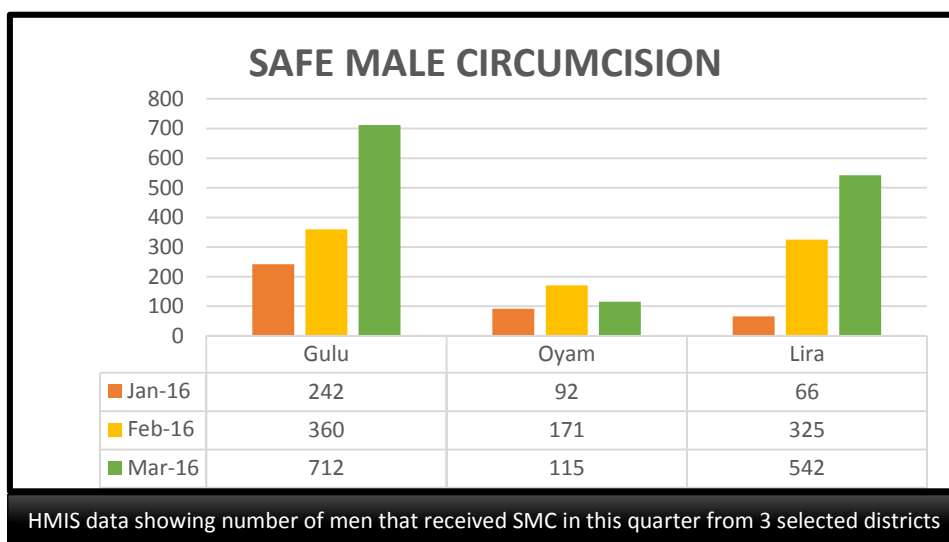
In particular, CHC:

- Finalized a communication plan and client/provider materials to support rollout of Tetanus Vaccination as part of VMMC package:** CHC developed a communication plan for tetanus vaccination as part of the VMMC package, which was shared with MOH and IPs. Based on this plan, CHC produced new materials including 260,000 service cards translated in 13 local languages for use in mobilizing community members; 20,000 booklets of Questions and Answers on *Vaccination for Tetanus Prevention* for use by health workers to answer clients' queries; and 100,000 factsheets for use by community mobilisers to explain Tetanus Vaccination and VMMC procedures.
- Reproduced materials:** CHC reproduced existing materials including 300,000 brochures for uncircumcised men to learn about benefits of VMMC in general and Tetanus prevention in particular, 200,000 posters translated in 13 languages to promote female sexual partner support for men seeking VMMC; 480,000 take-home wound care leaflets with detailed guidance for clients on appropriate behavior to prevent both HIV and tetanus infections after VMMC; and 5,000 updated flipcharts for health workers to use in VMMC counselling including Tetanus Vaccination.
- IP meetings to disseminate Tetanus communication materials and tools:** CHC disseminated printed and electronic copies of the VMMC communication materials to MOH, UAC and IPs to utilize both in developing relevant plans and tools and implementing VMMC programs. The Factsheet on "*10 Steps for Safe Male Circumcision*" has been annexed to the proposed national guidelines for Tetanus Vaccination in VMMC. To disseminate the Tetanus Vaccination communication plan, materials and tools, CHC conducted sessions with various stakeholders namely, MOH, UAC, Nurture Africa, STAR-E, MJAP, SDS, Uganda Martyrs University,

METS, AMREF, IDI, UCMB, HIWA, Uganda Cares, ASSIST, Baylor, Makerere University School of Public Health, SUSTAIN, RHITES SW, STAR EC, UCMB, MUWRP, UPHS, Mengo Hospital, UPMB.

- **Targeted communication support and demand generation activities for VMMC uptake:** Using the Tetanus Vaccination communication plan, orientated health workers and community mobilisers/village health teams (VHTs) to rally community members for Tetanus

Vaccination/VMMC, as per new PEPFAR guidelines. Demand generation activities will commence next quarter. The figure below shows the number of men who had SMC in this reporting period (*source: HMIS data*).



Comments/ Challenges

- A new PEPFAR directive has suspended VMMC activities: all personnel working on VMMC are trained, health workers are able to communicate benefits and risks of Tetanus Vaccination, and IPs fully documentation all processes. As a result of this directive, IPs have scaled down demand generation activities.

Lessons learnt

- Tetanus vaccination communication materials and tools have received popular acceptance by all stakeholders, because they were developed consultatively with all IPs. This approach should be sustained.
- Most IPs have recommended the services card for use in community mobilization beyond VMMC.

Plans for the next quarter, April - June 2016:

- Translate, produce and disseminate Factsheet '10 Steps for Safe Male Circumcision' in 13 languages for effective communication by VMMC community mobilisers.
- Conduct orientations of more IP staff, health workers and community mobilisers/VHTs on safety in VMMC through Tetanus Vaccination.
- Carry out an assessment of Tetanus Vaccination acceptance rates among community members in at least 4 MUWRP sites.
- Design and implement targeted communication support and demand generation activities for VMMC uptake in the 57 VMMC COP 15 districts (Links with activity 1.3)

1.1.7 Tailored response to demand creation needs of USG IPs

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Provide on-going TA to USG IPs in routine implementation and monitoring of demand creation activities to identify emerging gaps and needs.

Activities accomplished:

Support towards the Regional International Baby Food Action Network (N) conference:

1. IBFAN Uganda in collaboration with the Office of the Prime Minister and Ministry of Health hosted the 9th IBFAN regional conference in February. The objective of the conference was to share experiences from member countries on the progress made in implementation of appropriate maternal, infant and young child feeding interventions.

CHC communication support to nutrition IPs included:

Facilitating the broadcast of the conference announcements and Nutrition messages on radio and TV; Airtime for two TV talk shows on UBC and NBS TV; Co-ordinated and facilitated the press conference covered by 7 media houses; A presentation on Social Behavior Change Communication for Improved Maternal Infant Young Child Nutrition.



Guests during the Press conference

- **Materials review:** During the National Anaemia Working Group meeting held in January, CHC participated in the review of draft food fortification communication materials previously developed by Global Alliance for Improved Nutrition (GAIN).
- **Technical assistance to MOH, USG IPs and CHC regional teams to coordinate the implementation of condom promotion activities:** CHC worked with MOH and IPs to develop standardized materials, tools, and messages on condom promotion that will be used by all partners. These included:
 - A draft Community Dialogue tool for condom promotion: The tool will be used by VHTs, peer educators and condom promotion champions to conduct community dialogues, focus group discussions and condom activations in informal workplaces, and tertiary institutions among others.
 - A Frequently Asked Questions (FAQs) for both Male and Female condoms.
 - A draft condom promotion manual which is intended to support Implementing Partners, District Health Educators, and Health Assistants to conduct training of community based volunteers in the promotion of condom use. The developed materials will be printed in the next quarter (April to June 2016)
 - CHC oriented 83 PULSE experiential staff on condom promotion. These individuals will conduct condom promotion activities in 61 priority districts targeting key and priority populations. In addition to training, CHC supported Pulse with male dildos, and female demonstration models, flip charts, and condom promotion materials to be used in their field activations.
 - CHC/UHMG supported PULSE experiential teams with 30,000 pieces of FC2 and 172,000 pieces of male condoms. These were distributed to key and priority populations during activations.



Female condom demonstrations with Pulse team

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, April – June 2016:

- Provide on-going TA to USG IPs in routine implementation and monitoring of demand creation activities to identify emerging gaps and needs.

1.2 Work with GOU and USG IPs to develop and update OBULAMU implementation guides, tools, and materials for LS 1-4

Organizations Involved:

FHI 360, MOH, DHTs and USG IPs

Activities Planned:

- Review and finalize development of implementation guides for Life stage 3 and 4 as well as tools/guides for special campaigns and program areas such as; SMGL, DREAMS, Tetanus Vaccination for VMMC, nutrition among others to guide IPs and districts in the day-to-day implementation of interventions.
- Based on insight from action media and audience listening surveys (*see IR3 section below*);
 - Develop IPC scripts/guides, DJ mention scripts and radio spots to facilitate radio discussions on HIV, ART uptake/adherence, pregnancy and safe motherhood, contraception, nutrition, TB, and malaria prevention and case management.
 - Update IPC scripts for selected PPs and KPs to facilitate targeted mechanisms to address barriers (fears and misconceptions, norms) during one-on-one, small group, and community dialogue sessions.
- Produce additional six video formats of the radio magazine programs to be streamed on TV stations, health centers video, video halls, and country buses.

Adapt available OBULAMU audio-visual tools for social media formats: Facebook, WhatsApp, YouTube (Incorporates working with medical doctors to address audience health questions).

Activities accomplished:

Developed Health Communication materials and tools: Working with MoH, BCC WG, and USG IPs, CHC finalized the development, translation into 19 local languages, and production of Life Stage 3 materials including: 15 posters, a radio and television spot, IPC discussion cards covering areas such as: early initiation of breastfeeding, complimentary feeding, eMTCT, Pediatric HIV and, prevention and management of childhood illnesses such as malaria and diarrhea.

Through a partnership with Baylor Uganda CHC is promoting the Pediatric and Adolescent Health Hotline (0800 100055) as mechanism for referral for the two audience groups.

- **VMMC materials:** Linked to IR.1.6, CHC produced print materials addressing the tetanus vaccination gap in VMMC which were originally developed in quarter one including: Q&A guide addressing issues around Tetanus vaccination for VMMC, a brochure on 10 steps for SMC, remodified the SMC Flip Chart to include the component of TT Vaccination and the VMMC services Card in English & 16 local languages. Relatedly CHC is working to customize the 10 steps for SMC brochure into a video to aide pre and post SMC counseling at the health facility. It will be completed in the next quarter.
- **SMGL materials:** Linked to IR1.1.1, based on insights from feedback from IPs, and on implementation feedback of LS2/ SMGL focusing on the health needs of pregnant couples, and insights from FGDs with selected members of the target audiences in Northern Uganda, CHC will focus on intensifying messaging promoting early confirmation of pregnancy, early and complete ANC attendance and delivery at the health facility.
- **Male Focused FP campaign:** Using insights from literature review, identified MoH and IP needs, insights from FGDs conducted with men and women, and audience feedback from the various campaign audiences, CHC is designing a male focused family planning campaign intended to reposition family planning among men. CHC is currently testing the various campaign concepts (see below) and plans to complete the development of the various tools and materials next quarter.

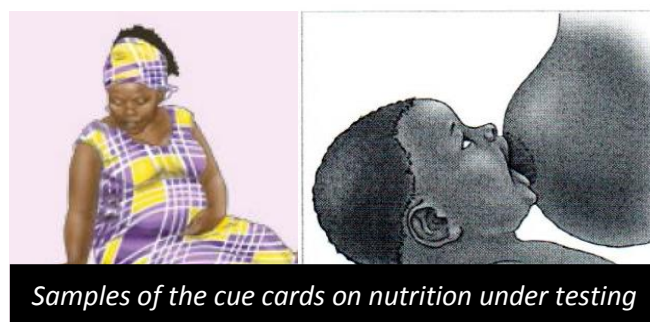


On the left are some of the FP male campaign concepts currently under testing

- Adolescent and Youth materials:** Linked to 1.1.3, CHC using the insights from the Action Media sessions with AGYW in Northern Uganda, CHC is developing mini radio series (12 one minute skits) , 13 radio magazines (20 – 25 minutes), a comic book and video focusing on LS4/ adolescent information and skills needs such as: information on body growth and changes, negotiation & decision making skills on sexuality, prevention of unplanned pregnancies, HIV and other STIs, dangers of early sexual debut and early parenthood, promotion of condom use for sexually active, circumcision for boys, HTC and ART Adherence. Relatedly CHC finalized the production of print materials for LS4(adolescents) in 19 languages, now disseminated to IPs and districts. Samples of outdoor materials and IPC discussion cards are shown below:



- Health worker-client cue cards:** In order to improve health worker - client communication and customer care, CHC is testing the use of cue cards in 10 health facilities in the Central, East Central and Western regions. This will help explore the relevance and usability of the cue cards with the current health facility settings. CHC will use the findings to improve upon the cards before rollout.



Samples of the cue cards on nutrition under testing

Comments/ Challenges:

- N/A

Plans for the next quarter, April – June 2016:

- Finalize the development of tools and materials for the FP male campaign
- De malaria campaign focusing on Prevention, Testing and Treatment with the theme “Ending Malaria for Good”
- Finalize development and production of materials for LS4 & LS2
- Finalize the development of Implementation Guides for LS4 & LS3
- Finalize the testing and development of cue cards for the various health areas
- Using findings from action media sessions develop materials and tools for female sex workers.

- Adapt available OBULAMU audio-visual tools for social media formats: FaceBook, WhatsApp, YouTube (Incorporates working with medical doctors to address audience health questions)

1.3 Work with GOU and USG IPs to rollout the OBULAMU integrated campaign at national, district, and community levels

Organizations Involved:

FHI 360, MOH, DHTs and USG IPs

Activities Planned:

- Work with USG IPs and DHTs to follow and monitor OBULAMU champions activities through spot-checks, periodic phone calls, and quarterly review meetings at sub-county/HC III levels. (Targets 5 champions monitored per sub-county in each of the 61 priority districts).
- Work with USG IPs and DHTs to enlist, orient and deploy an additional 1,500 champions to fill existing gaps and respond to new emerging issues like DREAMS, DFID FP campaign and LS3 and 4.
- Work with GOU, USG IPs and DHTs to conduct 48 community shows, 432 small group discussions, 88 women only seminars, 88 men only seminars and 2,400 home visits.
- Conduct targeted radio placement of 51,240 radio exposures, 129 radio talk shows in the 61 priority districts and 41 sustenance districts.
- Place 1,456 TV exposures on four TV stations including; Bukedde, NTV, NBS and UBC.
- Place 58,240 video exposures in 40 buses plying upcountry routes of Arua, Koboko, Lira, Pader, Paidha, Gulu, Kitgum, Mbarara, Bushenyi, Rukungiri, Kanungu, Kabale, Kasese, fort Portal, Mbale and Soroti.
- Deepen the reach of health communication materials through targeted outdoor placements in hotspots, trading centers, markets, water sources and places where KPS and PP's converge.

Activities accomplished:

- Targeted mass media placements to reach 61 priority districts and 41 sustenance districts:** CHC worked with IPs and districts to broadcast campaign messages on 43 radio stations, 4 TV stations and in 40 buses plying upcountry routes reaching an estimated 10.3 million across the country with messages and information targeting the key audiences in the four Life Stages of the OBULAMU campaign. During the quarter a total 48,722 exposures on radio, 9,381 on TV, and 56,320 on buses plying upcountry routes were achieved during the quarter see details *in table 5 below*.

Life Stage	Radio					TV					Buses
	Spots	DJ Mention	OBULAMU Moment	Talk Show	Radio Magazine	Spots / Videos	Squeeze backs	Info Tips	Talk Show	News Features	Spots/ Videos
LS1 & 4	11,352	7,568		43		6,520		264	5	8	28,160
LS2 & 3	22,704	3,698	840	49	160	1,352	704	528			28,160
LS4 - DFID	1,056	1,408									
Total	35,112	12,674	840	92	160	7,872	704	792	5	8	56,320

- Targeted outdoor placements:** In order to ensure repetition/modeling and visualization for the various campaign messages CHC maintained an outdoor presence of the campaign across the country. In total 23,081 outdoor properties including ABS boards, street poles, road stars and billboards were maintained across the country with OBULAMU campaign LS1, LS2 and LS4 messages. *Table 6 shows the number of outdoor placements produced in this quarter.*

Out Door Property	LS1		LS2		LS4		Total	
	No	Faces	No	Faces	No	Faces	No	Faces
Billboards	86	169	40	80	-	-	126	249
Road Stars	200	400					200	400
Street Poles	240	480					240	480
ABS Boards	17,348	17,348			5,167	5,167	22,515	22,515
Total							23,081	23,644

- Materials & Tools Dissemination:** During quarter CHC disseminated 185,063 copies of OBULAMU health communication materials to IPs, districts, campaign champions and members of the campaign audiences. The materials and tools included: client materials, provider materials and champion materials. *The details are shown in table 7 below:*

Materials & Tools	No Disseminated
10 Steps to SMC Brochure	10,080
Q&A about TT in VMMC Booklet	4,600
Health Services Invitation Cards	30,000
SMC Brochures	6,600
SMC Posters	114,150
TB Brochures	2,800
ART Counselling Guide	940
SMC Flip Charts	440
LS1 ABS Boards	439
LLIN Use Posters	2,320
Nutrition Guide	6,880
Child Spacing Guide	2,550
What's Your Plan? FP Brochure	1,500
Champions Dialogue Feedback Tool	80
VHT Referral Tool	20
OBULAMU Integrated Talking Points	1,664
Total	185,063

- Campaign Champions:** In order to achieve effectiveness and ease in monitoring of OBULAMU campaign champion activities, CHC worked with DHTs and IPs to focus IPC activities at USAID/PEPFAR high volume sites. This ensured better community-facility linkages, so that generated demand is linked to services. Additionally, CHC worked with IPs and DHTs CHC to follow up 681 champions (see details in the table below). This activity was used to monitor the work of champions, address existing IPC gaps and collect feedback on the implementation of the various activities. From the feedback generated CHC estimates that the 19,293 VHT champions reached an estimated 231,516 members of the OBULAMU campaign audiences.

Table 8: Number of champions followed up in quarter 2 (January – March 2016)

Region	VHTs		Health Workers		Local leaders		District officials		Teachers		Media persons		Peer leaders		Religious leaders		Expert clients		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Western	11	23	9	17	-	-	-	-	-	-	-	-	-	-	3	2	-	-	65
East Central	18	20	4	8	-	-	2	2	-	-	-	-	-	-	5	-	-	-	59
Central	36	32	11	19	2	1	-	-	-	-	-	-	2	5	-	-	1	3	112
Karamoja	80	47	15	13	-	-	3	1	-	-	-	-	-	-	-	-	-	-	159
South Western	23	22	15	14	2	4	-	-	3	4	12	4	-	-	4	-	-	-	107
West Nile	9	28	13	20	-	-	1	2	-	-	1	2	-	-	3	-	-	-	79
Eastern	22	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	48
Northern	24	6	8	9	-	-	-	-	-	-	-	-	-	-	5	-	-	-	52
Total	223	204	75	100	4	5	6	5	3	4	13	6	2	5	20	2	1	3	681

- Manyattas Debates:** CHC worked with Marie Stopes, World Vision and KIMEHECOP to conduct 04 community based edutainment debates on family planning targeting people of the reproductive age bracket living within the rural areas “Manyattas” in Moroto and Kotido. The goal of the debates was to address existing myths and misconceptions, provide information about the benefits of FP, FP methods and referral.



Above: Participants contributing during the Manyatta debates

The details of the people who attended the manyatta debates are provided in table 9 below.

No.	Variables	Moroto				Kotido				Total
		Loputuk		Rupa		Panyangara		Nakapelimoru		
1	Sex	M	F	M	F	M	F	M	F	
2	People who attended & reached with FP messages.	120	215	180	220	190	260	102	194	1,481
3	Condoms distributed	20	00	10	00	50	14	12	03	109
4	Referrals during the debates	00	06	00	04	00	13	00	09	32

- Targeted Community Shows:** During the quarter CHC worked with Mildmay, Marie Stopes and, the DHTs of Mubende and Mityana to conduct 4 integrated community shows. The shows were held in support of the Buganda Kingdom Health week. The shows reached a total of 11,883 people with information, services and referral across different health areas as shown *in table 10 on the right.*

Community shows service data	Number reached with services
No. of community shows	4
Total Attendance	11,883
No. reached through home visits	500
No. reached through small group discussions	699
HTC	1028
First Time Testers	148
Tested positive	36
No. enrolled into care	34
SMC	19
Condoms distributed	1624
TB Screening	14
Family Planning	163
Malaria/ITN distribution	210
ANC	104
Nutrition	1712
Immunization	436
Cervical cancer screening	139
STI screening & Treatment	311
Referrals	80

Comments/ Challenges:

- Rollout of OBULAMU campaign interventions was disrupted by the Parliamentary & Presidential elections in January – March 2016. There were limited community interventions, and campaign materials were vandalized by electioneers.

Plans for the next quarter, April - June 2016:

- Work with USG IPs and DHTs to follow and monitor OBULAMU champions activities through spot checks, periodic phone calls, and quarterly review meetings at sub-county/HC III levels. (Targets 5 champions monitored per sub-county in each of the 61 priority districts)
- Work with USG IPs and DHTs to enlist, orient and deploy an additional 13,387 to fill existing gaps and respond to new emerging issues like DREAMS, DFID FP campaign and LS3 and 4.
- Work with OBULAMU champions to conduct one-on-one dialogue sessions (487,000), home visits (44,000), and small group discussions (320,000) to reach people with information, motivation and referral to services
- Work with GOU, USG IPs and DHTs to conduct 244 community shows and 2,440 small community activations in targeted hotspots and places where KPs and PPs regularly meet
- Targeted mass media rollout to reach 61 priority districts and 41 sustenance districts. (Targets 117,840 radio mentions and 430 radio talk shows to supplement IPC)
- Targeted TV and video placements to reach PPs and KPs on Bukedde TV, NTV, health centres, buses, video dens. (Targets 57,920 TV/video exposures)
- Targeted outdoor placements in hotspots, trading centers, markets, water sources and places where KPS and PPs converge.

Intermediate Result 2: Improved coordination of Health Communication interventions

2.1.1 Support the MOH to strengthen the National BCC Working Group for Sustainable HC Coordination

Organizations Involved:

FHI 360, MOH, USG IPs

Activities Planned:

- Co-chair the BCC WG so as to influence the health communication agenda and enhance coordination.
- Attend national level TWGs and co-chair communication WGs on FP, adolescent health, malaria, nutrition, TB, eMTCT, SMGL, condom, ART, MCH, among others to improve coordination and support development of health communication materials and tools.

Activities accomplished:

- CHC supported Ministry of Health to hold a national BCC coordination meeting on March 16, 2016, where MOH Program Managers and their respective BCC Officers developed an action plan for strengthening BCC coordination in the country, and initiate technical guidance and support supervision to districts and partners. The output for this meeting was an annual work plan and calendar of activities focusing on the following areas;
 - Standardization of health communication materials through intensified technical guidance and supervision.
 - Linking BCC WG/HP&E to districts and implementing partners through regular field support supervision activities.
 - Conducting an Annual Community of Practice (COP) event where all SBCC partners and selected districts come to share experiences and learn from each other.
 - Continuous coordination of BCC interventions through BCC WG meetings.
 - Conduct an annual capacity building session for DHEs and selected IPs in SBCC based on gaps identified in the field.
- CHC led the Ministry of Health BCC WG team to conduct OBULAMU Site Improvement Monitoring and Support supervision (OSIMS) in 16 districts where OBULAMU Campaign is being implemented. The objectives of this support supervision were;
 - Conduct one on one discussions with health workers at HC4s
 - To conduct one on one discussions with USG IPs to assess the work relationship with CHC and establish level of utilization of SBCC skills in their programming
 - Assess the work of champions/VHTs attached to HCIVs
 - Visit selected model homes reached by champions to get community feedback on their services
 - Observe OBULAMU materials distributed in health facilities and identify gaps
- CHC co-chaired the quarterly BCC WG meeting in March 2016 where feedback from the OBULAMU Site Improvement Monitoring and support supervision (OSIMS) was shared with WG members and recommendations made to address the gaps identified during the exercise.
- CHC provided communication Technical Assistance to the Malaria Communication TWG in planning for the upcoming World Malaria Day commemoration. CHC provided airtime on 43 radio stations & 4 TV stations. CHC will also conduct media orientations.
- CHC attended the HCT TWG meeting. During this meeting, CHC provided technical assistance in the review and update of the HTS policy.
- CHC co-chaired the PMTCT TWG meeting and supported development of communication plans for PMTCT, Pediatric and Adolescent Care/Treatment.
- Co-chaired the Advocacy Communication and Social Mobilization TWG. During this meeting, roles of TB Media Champions were defined and integration of TB issues in radio programming was discussed.
- CHC co-chaired the SMC TWG and disseminated Tetanus Vaccination SBCC strategy to IPs including Baylor, MUWRP, Reach Out, HIWA, and STAR EC

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, April - June 2016:

- Operationalize BCC WG SOPs and spearhead their use in functions of the WG
- Co-chair BCC WG and national level task forces and thematic TWGs in order to influence discussions towards greater coordination of HC interventions in the country

2.1.2 Support the MOH to develop district HC coordination mechanisms**Organizations Involved:**

FHI 360, DHTs and USG IPs

Activities Planned:

- Attend district and regional level coordination mechanisms, including; DHMT, DHT and DOP meetings to improve coordination of health communication interventions
- Provide DHEs with tools to facilitate coordination of health communication interventions in the districts
- Orient DHEs and IPs on OBULAMU LS 3, and 4 roll-out and disseminate the integrated materials
- Work with FANTA III to attend DNCC coordination meetings, disseminate nutrition materials and develop joint communication activities in the 10 districts.

Activities accomplished:

- **District and regional level coordination mechanisms, including; DHMT, DHT and DOP meetings to improve coordination of health communication interventions:** In order to improve coordination of health communication activities at a district, CHC and MOH continued to work with DHOs and DHEs in the day-to-day planning, reviewing, implementation and monitoring of health communication activities as follows:
 1. Linked with activities in IR1, CHC northern region engaged in the following activities:
 - Worked with 36 DHT members and 36 religious leaders to schedule IPC and mass media activities to address issues around poor MCH outcomes. The religious leaders will address these issues during their sermons and will jointly with DHTs conduct radio shows.
 - Worked with ASSIST, SDS and districts as well as SDS contracted CSOs, CHC conducted 02 district level entry meetings (Gulu & Oyam), 17 sub-county level entry meetings to introduce the DREAM initiative.
 - CHC participated in 3 DOP/DMC (Gulu, Pader & Oyam) meetings to present progress reports on the OBULAMU campaign to districts and USG IPs. CHC shared key learnings about the interventions during the malaria epidemic. Specifically, the shortage of anti-malarial drugs meant for MFT.
 - CHC north convened the first five cluster DHE/Religious leaders Forums/Platforms to plan for OBULAMU HC activities and to build the capacity of religious leaders to conduct OBULAMU
 - CHC north participated in 6 Malaria task force meetings, where the team discussed OBULAMU support to the malaria epidemic, and included media houses into the task force thereby enabling them to air malaria messages and provide talk shows to the DHEs.
 - CHC Karamoja region worked with DHEs to review HC materials to localized to Karamoja context
 - CHC South West attended DMC and DHMT meetings organized by Ibanda district where HC quarterly achievements were shared including life stage 3 implementation. The participants in DHMT meeting decried increasing cases of teenage pregnancy, for which CHC will provide communication support.
 - CHC supported RHITES to convene a VMMC IP meeting aimed at harmonizing VMMC activities in South Western region.

- CHC supported the USAID Regional child forums in Mbale and Mbarara under the theme “Our children Our future” The forums brought together different partners, government and civil society to reflect on the efforts to reach out to children and care takers of children.
- CHC supported USAID/Social marketing activity project to organize Mbale district health camp that was held at Mt. Elgon Hospital. CHC TA included the mobilization of communities for service through various channels such as use of VHTs, radios, religious leaders, and public address system (PAS).
- **Coordination of nutrition interventions through District Nutrition Coordination Committees (DNCCs):** CHC attended DNCC meetings organized by FANTA and developed a draft implementation plan for rolling out nutrition interventions in the 10 DNCC districts.
- CHC continued to provide DHEs with tools to facilitate coordination of health communication interventions in the districts. The tools given to DHEs included talking points, champions materials, CDs containing OBULAMU campaign materials among others.
- CHC through its regional teams oriented DHEs and IPs on OBULAMU Life Stages 3 and 4 roll-out and disseminated the integrated materials.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, April – June 2016:

- Conduct After-Action-Review (AAR) sessions, mentoring and support supervision visits with individual DHEs in the 61 priority districts and 41 maintenance districts to follow-up on the utilization of HC coordination tools
- Spearhead semi-annual DHE workshops for OBULAMU dissemination and rollout, data use for decision-making, materials development and review, media engagements, and stakeholder management. (Targets 8 biannual DHE workshops reaching 102 DHEs)
- Spearhead HC coordination meetings with IPs and DHEs through DOP/DMC meetings, DHMT, MOH RPMT meetings, and special events such as WAD, WMD. (Targets 96 coordination meetings i.e. 3 per region per quarter)

2.2 Capacity strengthening for GOU, districts, and IPs

Organizations Involved:

FHI 360, DHTs and USG IPs

Activities Planned:

- Conduct mentorship and support supervision visits to 20 IP staff and 30 DHEs who were previously trained in SBBC.
- Based on findings from mentoring and support supervision activities above, tailor SBCC training for 50 participants including IPs and DHEs.

Activities accomplished:

- **Mentorship and support supervision visits to 20 IP staff and 30 DHEs who were previously trained in SBBC.** During the OBULAMU site improvement monitoring and support supervision (OSIMS) visits conducted in quarter 2, CHC provided mentorship and support supervision to 27 IP staff and 25 DHEs and DHOs who were previously trained in SBBC. CHC followed-up with IPs to assess how they were utilizing the acquired SBCC skills and how they were integrating OBULAMU components into their programming. The table below indicates the IPs who were visited during the quarter and how those utilizing the skills and OBULAMU HC components.

Table 11: Number of IPs who adopted components of HC and utilize SBCC skills

Region	Districts	DHE's visited	No of IPs visited in Q2	NO. of IPs who adopted SBCC components/skills	Name of IPs who adopted HC components/utilizing SBCC skills	SBCC Components adopted by the IPs
Northern	Gulu, Oyam	2	2	1	Youth Alive	Utilized SBCC skills acquired to train 7 fellow staff on SBCC skills
Eastern	Mbale, Soroti	2	3	3	STAR.E	Utilized knowledge received in training to segment their audience, when evaluating and preplanning.
					TASO	- Utilizes skills acquired to plan and evaluate - Utilizes SBCC skills acquired to mobilize services from the community
					AIC	Utilize skills to measure targets and plan for interventions
Karamoja	Moroto, Kotido	4	7	2	WORLD VISION	Developed an SBCC strategy and developed training materials for male change agents using the acquired skills.
					CONCERN WORLD WIDE	- Utilized SBCC skills acquired to train 35 staff members on SBCC skills - Use evidence based data when programming
Central	Lwengo, Mukono	6	2	1	Mildmay Uganda	Utilizes SBCC skills acquired by using peer groups to mobilize the community
East Central	Iganga, Mayuge	3	6	4	WELL SHARE	Utilizes SBCC skills acquired to train and build capacity for district through health centers.
					STAR-E	Utilizes skills acquired to orient champions using OBULAMU style.
					TASO	- Use the social ecological model when designing their interventions. - Carry out situation analysis before carrying out interventions.
					AIC	Use the conversational style of communication
Western	Kabarole	2	1	1	BAYLOR	Utilized SBCC skills acquired to integrate communication objects and activities into Baylor plans.
South Western	Ibanda, Rukungiri	3	1	1	FAATM (Fight Against AIDS and TB)	- Utilized SBCC skills acquired to train counsellors on the talking points. - Support theatre group to come up with good messages. - Conduct health education talks in health facilities.
West Nile	Adjumani, Arua	3	5	1	FOSID	Used the materials in conducting health education talks.
TOTAL		25	27	13		

- **SBCC training for 50 participants including IPs and DHEs:** CHC did not conduct SBCC training for IP staff and DHEs because of the need to assess utilization of skills gained from previous SBCC trainings and determine existing gaps to tailor SBCC trainings. This activity will be done in quarter 3 following a series of mentorship and support supervision visits to IP staff and DHEs.
- **Other capacity strengthening activities conducted in quarter 2 include the following:**
 - CHC Worked with MOH-RPMT in conducting Data Quality Assessment Training of DHTs for Decision making: This was done to build the capacity of DHTs, data officers, and IP staff in DQA. CHC took part in developing the training content that included data extraction, validation and meaningful data use in decision making. In the end, an implementation plan to guide actual conducting of DQAs at the district and health facility levels was developed.
 - CHC provided Technical Assistance to Save the Children, to conduct practical trainings on Fertility Awareness and Family Planning sessions during the ABEK classes. CHC guided the team during development and review of fertility awareness materials through use of SBCC/C-change approach to materials development.
 - CHC Karamoja team worked with DHTs and USG IPs (Marie stopes, World vision and local CBO-KIMEHECOP) to deepen their intervention in the villages/ Manyattas. The team mentored the district and partners in all the processes of planning and executing community mobilization interventions under the OBULAMU IPC strategies.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, April - June 2016:

- Conduct tailored SBCC training (Targets 30 participants seconded by 18 IPs)
- Tailor 8 practical SBCC training sessions for DHE during regional workshops (see 2.1.2) and subsequently train 102 DHEs.
- Targeted demand-driven HC TA. (Expects at least 50 DHE and 20 IPs to request this SBCC TA)
- Avail capacity strengthening tools and products through digital and online platforms
- Conduct refresher sessions for OBULAMU champions to evolve with changing phases of implementation, learning, and adaptation (Targets refresher for 11,000 champions)
- Work with FANTA III to attend DNCC coordination meetings, disseminate nutrition materials and develop joint communication activities in the 10 districts

Intermediate Result 3: Increased Research and Knowledge Management to Enhance Health Communication

3.1 To obtain scientific evidence to support a robust learning agenda

3.1.1 Operationalize MER/KM Task Force
<p>Organizations Involved: FHI 360, MOH</p>
<p>Activities Planned:</p> <ul style="list-style-type: none"> • Convene quarterly to review HC-related and service data such as DHIS2, LQAS, FP and MCH surveillance (linked to the BCC WG and CHC-led learning agenda) • Spearhead the conduct of at least two field monitoring/quality improvement visits as part of the learning agenda under task force/BCC WG (Links with 3.1.3)
<p>Activities accomplished:</p> <p>Overview: CHC held two planning meetings with the Ministry of Health (MOH) including the chairpersons of the BCC WG and the MER/KM taskforce to discuss the scheduled program quality improvement field visit plan, named OBULAMU Site Improvement Monitoring System (OBULAMU SIMS). OBULAMU SIMS offers a collaborative process for tracking progress with activity roll-out and assess use of data/evidence for decision making.</p> <p>Field monitoring</p> <p>Criteria for site selection</p> <ul style="list-style-type: none"> • A criteria for selecting sites for appraisal was agreed upon including cognizance of 1) data trends in the six health areas, 2) focus on USAID priority districts, 3) inclusion of at least a district hosting CHC regional office, and 4) inclusion of at least a district sampled for the CHC program evaluative surveys. Drawing from the CHC Quality Improvement Checklist, four appraisal tools (semi-structured questions) were consolidated, including: 1) Champions interview tool, 2) Community visits tool, 3) Health workers interview tool, and 4) Implementing partners' interview tool. Additionally, four members of the BCC WG shared their experience with field visits as a way to enrich the OBULAMU SIMS plan. <p>Site quality improvement visits</p> <ul style="list-style-type: none"> • In quarter 2, CHC spearheaded the conduct of one OBULAMU SIMS visit as part of the learning agenda under the MER/KM task force. Collaborators included the MOH and USG implementing partners. The field team was spread out across 16 districts (<i>see Table 1 in Activity 3.1.3</i>), two in each of the eight regions of operation, and all selected based on a predefined criterion (<i>see above</i>). In total, 10 MOH staff were involved in the exercise. The wider target audience for one-on-one interviews during the visits comprised of: DHEs, health workers at HC IVs, OBULAMU champions (VHTs and religious leaders), model and non-model homes¹ identified by VHTs in the communities, and implementing partners (IPs). <p>Dissemination and interpretation of OBULAMU SIMS findings</p> <ul style="list-style-type: none"> • CHC spearheaded a MER/KM taskforce meeting on Tuesday, March 29, 2016 focused on discussing the preliminary findings from the OBULAMU SIMS field visit and key learnings for program adaptation and efficiency in the next visit. For the purposes of this specific meeting, the taskforce co-opted field team members including; MOH, research assistants and CHC staff. <i>See Activity 3.1.3 for key highlights from the monitoring exercise.</i> • The task force shared highlights of the field monitoring findings at the March 31, 2016 BCC WG meeting. The working group made the following recommendations: <ol style="list-style-type: none"> i) <i>Follow-up with Implementing partners;</i>

¹ A **model home** was defined as a home whose inhabitants had seen or heard any OBULAMU messages from any one or two sources and acted upon it by taking up the recommended actions. A **non-model home** was defined as a home that had seen or heard the OBULAMU messages but did not act upon it.

- MoH to send guidelines to all IPs regarding correct usage of logos on re-printed/reproduced SBCC materials.
- CHC to work with IPs to identify new materials that need to be developed or revised for health workers.

ii) Follow-up with VHTs

- Develop VHT referral and feedback tools with standardized indicators covering all health areas to cater for the needs of different IPs.
- Work with the VHT focal person at MoH to get an update on the VHT strategy.
- Make a recommendation to the VHT focal person at MoH to address issues relating to capacity strengthening for both old and new VHTs.
- CHC was requested to orient VHT supervisors at sub-county level and district health inspectors as OBULAMU champions who would ensure VHTs are regularly followed-up.

The OBULAMU SIMS report will be finalized and disseminated to distributed stakeholders in quarter 3 (early May 2016).



OBULAMU SIMS team at Kebison HC IV in Rukungiri, an MOH official (middle) interviewing a senior nursing officer, and a research assistant conducting an interview with a VHT

Comments:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, April - June 2016:

- Convene quarterly to review HC-related and service data such as DHIS2, LQAS, FP and MCH surveillance (linked to the BCC WG and CHC-led learning agenda)
- Spearhead the conduct of a follow-up field monitoring/quality improvement visit as part of the learning agenda under task force/BCC WG (Links with 3.1.3)

3.1.2 Design and implement customized research methodologies

Organizations Involved: FHI 360

Activities Planned:

- Conduct participatory formative research using Action Media methodology to support IR 1 implementation, monitoring, and adaptation activities related to Life Stages 1-4. (Incorporates gender analysis: gender issues, any shifting patterns, their drivers, and how they affect decision-making for behaviors and use of health services).
- Design and carry out targeted research in the 10 DREAMS districts to generate evidence around drivers of new infections
- Design and monitor targeted activities linked to the USAID-DFID young women pregnancy prevention focus, including evaluation strategies
- Design and carry out audience and IP feedback assessments

Activities accomplished:

- **Desk review:** Review of HMIS data and published research/program reports on selected topics continues to inform targeted programming and distribution of HC materials/messages.
 - In this reporting period thematic areas of focus in HMIS data review prioritized pregnancy prevention (contraceptive use) among adolescent girls and young women, with particular emphasis on East-Central Region.
 - Other literature review cut across thematic areas resulting in consolidation of topics under SMC, male involvement, adolescent SRH knowledge and behaviors, breastfeeding, birth preparedness, assessment of CHW interventions, condom use, and health worker perceptions of male involvement in health. This knowledge from literature has consistently informed development of health communication materials for LS 3 and 4 and protocols for customized assessments such as through participatory action media and others outlined below.
 - CHC made final preparations to conduct a qualitative research targeting life stages: The team has specifically provided technical input and written up sections for the qualitative study. The final protocol is pending further revisions before sending it for Institutional Reviews, locally.
- **Design and carry out targeted research in the DREAMS districts:**
 - Recent literature (2010-2015) from Uganda and in the sub-Saharan African region was consolidated to inform the conceptualization of action media protocol and question domains to understand HIV and pregnancy prevention barriers/enablers amongst adolescents (15-19) girls in Gulu, Lira, and Oyam, northern Uganda. The March 2-4, 2016 assessment explored the life context of adolescent girls, sexual practices and perceptions around sexuality, factors around HIV and unintended pregnancies (barriers/facilitators to preventive behaviors), means of expression and how best to communicate. **Highlights of the findings:** Parent-adolescent communication about SRH is limited to warnings not to get pregnant. Sexually active girls' pregnancy prevention mechanism is mainly the calendar and/or withdrawal methods, which they admitted to barely understand. Barriers to using efficacious contraceptive methods were listed as fears about negative effects, and fear to be seen at a contraceptive services delivery point. A preliminary report of the findings was shared internally to inform development of integrated materials and messages for LS4 (see Activity 1.1.3).
 - The evaluative survey protocol for the DREAMS initiative has been refocused to three districts in mid-Northern Uganda. Data collection is projected for early May 2016.
- **Design and monitor targeted activities linked to the ARC-DFID campaign:**
 - Analyses of HMIS data is an on-going process as outlined in desk review, above, both for program use and in preparation for a review meeting with USAID and DFID in April 2016. Initial HMIS tables/graphs were shared with USAID strategic information team at the close of the quarter as part of preparation for the April 2016 meeting.
 - CHC has developed a concept to track the effectiveness of nurses in accelerating prevalence and health facility deliveries in the ARC-DFID campaign in East Central Uganda.
- **Design and carry out audience and IP feedback assessment:** CHC finalized an audience and IP feedback protocol and obtained approvals from FHI 360 and Local IRBs and UNCST concurrence. Per the work plan, audience feedback focuses on exposure, brand message recall, channel mix and influence on behavioral determinants. IP feedback will focus on their perceptions of effectiveness of HC TA, coordination, and collaboration.
 - CHC developed a protocol to assess the effectiveness of champions in influencing behavioral change within the OBULAMU campaign in Uganda. IRB approvals are yet to be obtained although data collection is projected for May 2016.

Comments:

- N/A

Lessons learnt

- There is a critical need to revisit engagements through champions. See IR1 for CHC revamped strategy to work through a limited number of champions with specific targets, and supported by PULSE team to improve IPC.

Plans for the next quarter, April - June 2016:

- Finalize qualitative assessments protocol to complement evaluative surveys and to support IR 1 implementation, monitoring, and adaptation activities related to Life Stages 1-4. (Incorporates gender analysis: gender issues, any shifting patterns, their drivers, and how they affect decision-making for behaviors and use of health services).
- Lead the design and implementation of additional customized research based on questions emerging from HC program implementation, MER/KM task force, or other stakeholders (i.e. explore feasibility of mHealth programming [m4RH], use of mobile data collection for reporting, and other standardized tools and methodologies developed through the Stepping Stones technique)
- Design and monitor targeted activities linked to the USAID-DFID young women pregnancy prevention focus, including evaluation strategies
- Design and carry out audience and IP feedback assessments

3.1.3 Implement Monitoring, Evaluation, and Learning (MEL) Plan**Organizations Involved:**

FHI 360

Activities Planned:

- Facilitate timely periodic reporting to stakeholders (i.e. PRS, quarterly/annual reports), including using MER/KM database to generate summary table of indicators, targets, and results required for reporting required for reporting
- Finalize MER/KM databases and standardize data flow procedures at regional and national levels
- Review and refine program monitoring tools and procedures to facilitate timely and quality reporting
- Monitor intervention roll-out for fidelity, quality, and coverage to inform mid-course review of the intervention and rollout as may be appropriate
- **Databases and reporting:** Program monitoring tools were refined/finalized following progressive field testing alongside sequential introduction of activities by Life Stage. Program staff in the districts use these tools to document and report activities implemented, and submit monthly and quarterly reports to supervisors. All program monitoring tools have now been mapped to the master, OBULAMU activity reporting tool. In the next quarter, CHC will update the current databases to a new master database with support from FHI 360 HQ team, TechLab. In the meantime, the databases in ONA software and FHI 360 SharePoint as well as HMIS data are continuously analyzed for program progress tracking, program adaptation, and reporting.
- **Routine monitoring and support supervision:** Besides routine program documentation of implemented activities and outputs alluded to above, CHC collaborated with MOH and stakeholders to conduct field support supervision (see 3.1.1) as part of deliverables under the MER/KM task force, a sub of the BCC WG. Table 1 below summarizes reach of the last OBULAMU SIMS. The narrative below the table highlights key insights from the exercise. These output have been shared with the larger BCC WG and key findings are already in use in program adaptation, particularly in activities with DHEs and champions.

Table 12 shows Coverage of OBULAMU SIMS, by district and target audience

REGION	DISTRICTS	DISTRICT OFFICIALS	NO. OF HEALTH FACILITIES	NO. OF HEALTH WORKERS	NO. OF CHAMPIONS	NO. OF PEOPLE IN HOMES	NO. OF RELIGIOUS LEADERS	NO. OF IPs
Northern	Gulu, Oyam	2	3	17	30	21	5	2
Eastern	Mbale, Soroti	2	5	21	48	48	0	3
Karamoja	Moroto, Kotido	4	4	10	35	39	0	7
Central	Lwengo	6	5	31	44	48	2	2
East Central	Iganga, Mayuge	3	5	12	38	39	5	6
Western	Kabarole	2	3	26	34	27	3	1
South Western	Ibanda, Rukungiri	3	5	29	45	45	4	1
West Nile	Adjumani, Arua	3	7	35	39	37	4	5
TOTAL		25	37	181	313	304	23	27

Key findings from the OBULAMU SIMS visits;

1. Champions (VHTs/Religious leaders):

- The most known health topics amongst champions were; malaria, ANC, SMC, FP, HIV, sanitation and hygiene, while the least known health topics were MCH, Nutrition and TB.
- Most champions did not have activity targets and had limited support supervision from implementing partners.
- Champions noted that OBULAMU campaign orientation that was conducted as add-on to IP activities was not sufficient as it was delivered under limited time (one hour).
- While most champions received OBULAMU materials they reported not being conversant with their use. A key barrier to effective use of job aides was that champions are bombarded with many materials from different IPs.
- VHTs were reportedly solely left by health workers to take on the role of health education at the health facilities
- Health workers were reported to disregard VHT referrals, thus making it difficult for VHTs to continue to provide referrals as part of the minimum service delivery package.
- Champions noted that they had no or very few materials like branded t-shirts and bags which are critical for visibility/identification. They also highlighted lack of rain gear as a particular challenge.

2. Community members (homes visited):

- Most people interviewed in the community related their experiences to the messages on radio and posters. However, they noted that the messages appear to be mainly focused on HIV/AIDs prevention topics.
- Largely, there was limited knowledge of OBULAMU messages by community members – most participants associated it with condom use and sanitation.
- Most people reported taking action upon seeing/hearing health messages and information after visits from the VHTs. However, they noted that champions do not visit them often.
- Those who did not act highlighted challenges such as long distances to service delivery points. Others did not perceive themselves to be at risk of HIV or TB, while others cited fear of stigma as a key barrier to use of certain health services.

3. Health workers:

- Knowledge of the OBULAMU concept was limited to a few health workers at the different health centers visited. Most health workers when asked about OBULAMU only referred the interviewers to the health facility in-charges.
- Many OBULAMU materials carrying different messages on the six thematic areas (HIV, MCH, TB, Malaria, Nutrition, and Family Planning) were disseminated and pinned up at the health facilities, however, during the OSIMS, it was identified that a majority of the health workers were not aware of the messages on the materials disseminated at the facilities. They were seeing the ABS boards but had not taken time to know the message there on.
- When asked about the community's perception of OBULAMU messages and materials put at the health facilities, the health workers mentioned that most people in the community were interested in listening to messages as opposed to reading text - although photographs on SBCC/ABS materials capture their attention.
- In one of the church (catholic) founded health centers visited in South Western region, the health facility in-charge in his interview requested for development of materials on natural family planning methods.
- The majority of health workers interviewed noted that although they do not directly engage in data use for decision-making, facilities do apply evidence in programming: i.e. such decisions happen at the management level, involving health facility in-charge and the records personnel. They noted that they occasionally compile data when requested by IPs and the in-charge whenever the records personnel are away.

4. Implementing partners:

- Most IPs used service data especially HMIS data collected from the source at the health center and at the district health office for decision making especially in targeting service delivery and design of interventions.
- The most used OBULAMU HC interventions among IPs were radio activities and community shows.
- Regarding feedback mechanism with champions, IPs noted that they receive feedback and reports from VHTs through monthly meetings. However, they noted that the meetings were not consistently done.

- When asked about the question of IPs adopting components of the OBULAMU materials in their programming, the majority of IPs interviewed noted that there was no clear criteria or guidelines on how they should adopt the materials and which components to adopt. Many related their adoption to participation in community shows.
- The IP staff who were interviewed indicated that not all IPs had their staff trained in SBCC. Some IPs missed out on the training while others reported that previously trained staff had moved on to other organisations. Thus many IPs mentioned that there was need for another wider SBCC training to cover all IPs.

Follow-up Actions for CHC and partners:

- Strengthen the linkage between district biostatisticians and records personnel with DHEs data use for decision making including targeting SBCC activities.
 - Strengthen OBULAMU campaign inter-personal communication activities through i) refresher orientations targeting health worker appreciation of VHTs efforts in OBULAMU campaign; ii) exploration with district leadership and IPs for mechanisms for involvement of health workers in VHT follow-up activities; iii). Exploration with district leadership and IPs on how best to support and facilitate champions with job aids and transport allowance to enable them visit communities regularly and consistently; and iv) reproducing more materials for champions' visibility including T-shirts and bags.
 - Conduct refresher orientation of VHTs on OBULAMU and give adequate time for the orientations.
 - Under IR2 in conjunction with aspects of Activity 3.2.3 provide on-going capacity strengthening in SBCC for DHEs and IP staff especially frontline workers including BCC and M&E officers.
- **Listening Survey:** CHC completed analysis of a Listening Survey activity conducted in Q1 to gauge the reception and effect of OBULAMU messages from target audiences around 400 selected high volume sites across the country (*links with IR1, Activity 1.3*). A key insight from the assessment is that the term "OBULAMU" is equated with basic sanitation interventions in some regions especially in East Central Uganda (Busoga area), highlighting a limited understanding of the scope of the CHC-led integrated SBCC campaign. The program team is working with champions to correct this misconception and position OBULAMU as an all-round health awareness and behavior change campaign, emphasizing six health areas.

Comments/ Challenges:

- Following-up of champions in communities gives them a sense of belonging and motivates them to work harder.
- Updating the CAO in the district on any supervision activities enables the district to follow-up on issues identified that fall directly in their docket – because they have financial implications which the CAO deals with directly.

Lessons learnt

- N/A

Plans for the next quarter, April - June 2016:

- First week of May 2016: finalize the OBULAMU SIMS report and share it with the different stakeholders including; MOH, district leadership and IPs to enable follow-up of the key action points.
- Facilitate timely periodic reporting to stakeholders (i.e. PRS, quarterly/annual reports), including using MER/KM database to generate summary table of indicators, targets, and results required for reporting
- Monitor intervention roll-out for fidelity, quality, and coverage to inform mid-course review of the intervention and rollout as may be appropriate

3.2 To support knowledge management of a robust learning agenda

3.2.1 Implement a KM Plan as part of the OBULAMU platform

Organizations Involved:

FHI 360

Activities Planned:

- Engender knowledge sharing and learning by disseminating KM products through networks and platforms identified at national, regional, and district levels
- Make use of existing global online KM platforms critical to wide distribution of knowledge products include Health Compass, K4H, AfriComNet, and Communication Initiative
- Monitor and document progress with activities outlined above to make adjustments as needed

Activities accomplished

• Knowledge products shared and disseminated:

- The CHC January e-Newsletter was produced and shared with USAID, MOH, UAC, USG-IPs and stakeholders.
- Two poster presentations entitled ‘*Understanding key drivers of teenage pregnancy in Eastern Uganda: A synthesis of findings from participatory research methodology, Action Media*’ and ‘*A communication response to Malaria epidemic in Northern Uganda*’ were developed and shared at the International SBCC Summit 2016 in February. The documents are attached in the annex.
- Systematic documentation of campaign interventions through videos and photography commenced in Northern, Western and South Western regions of Uganda. The aim is to make videos and photo stories of CHC program implementation processes and key outputs to inform within program CLA and across the board with stakeholders.
- The development of the OBULAMU web-page hosted on FHI 360 website (to be transitioned near program closeout to MoH and UAC domains) is in final stages.
- As part of widening the visibility of CHC, selected program activities were featured in FHI 360 global and FHI 360 East and Southern African newsletters, the Buganda Kingdom Health Magazine and Dutch HIV magazine. The Dutch HIV magazine was an unexpected outcome, attracted by the innovation of the “How’s Life” approach.
- Other platforms used to share CHC’s work are listed below (details are provided in 3.2.2):
 - **International:** International Conference on Family Planning (ICFP), International Baby Food Action Network (IBFAN) conference and International SBCC Summit 2016.
 - **National:** BCC Working Group, MER/KM Task Force, commemoration of World TB Day and the Uganda Christian University Save the Mothers Annual Dinner.
 - **Regional:** Meetings with the district health teams (in Karamoja, Western and South- Western, Northern and North- Western regions) and State of Ugandan Children Fora in Mbale and Mbarara district.

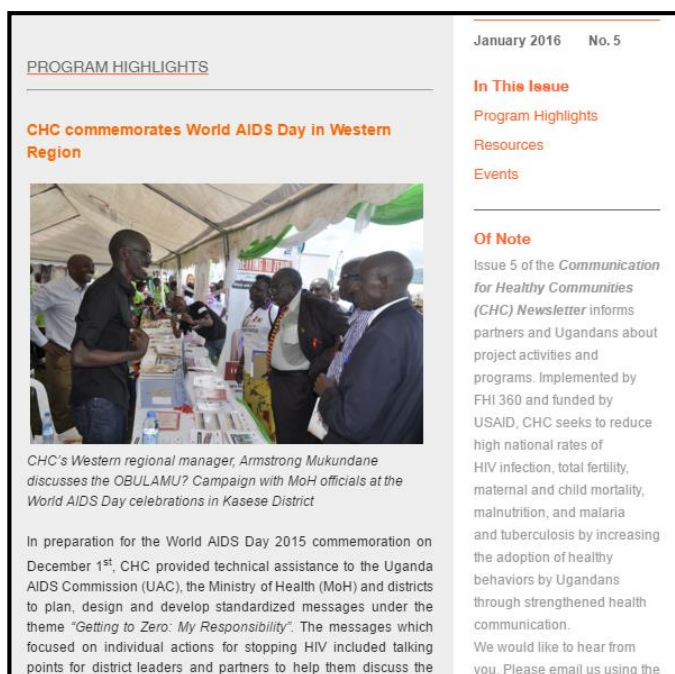
Click to view some of the KM products:



A communication
response to malaria



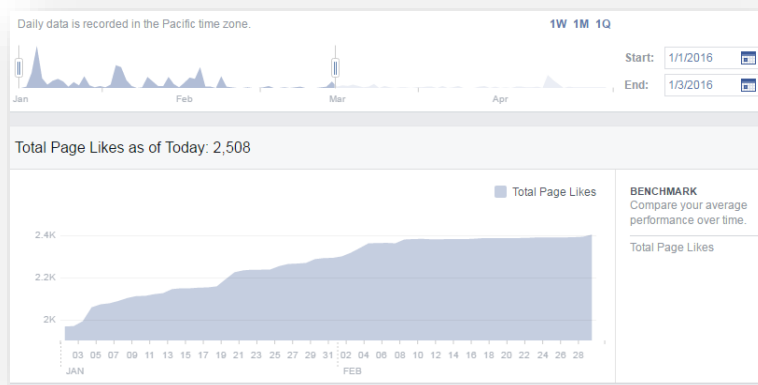
Poster Presentation
on Family Planning



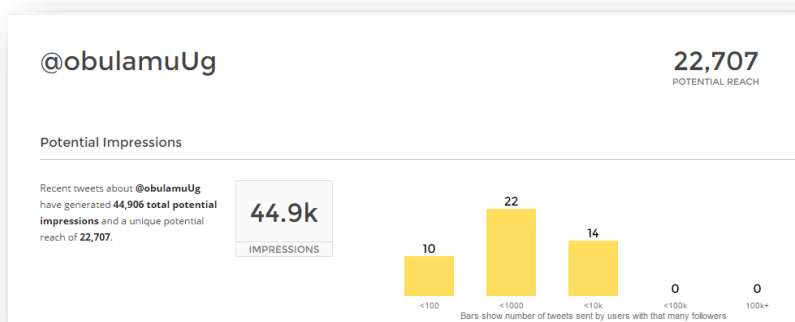
A picture of page 1 of the January Newsletter

- **Social media report for this reporting period:**

- i) **Facebook:** Facebook has grown from 2,000 likes in December, 2015 to 2,508 in March, 2016 as seen in the image below. The page visits shot up at the beginning of January and in February because of integrated LS1 and LS2 messages that encouraged engagement. There are however more men engaging the OBULAMU Facebook page at 68% compared to women at 32%. The Facebook page attracts people with the 18-34 age group.

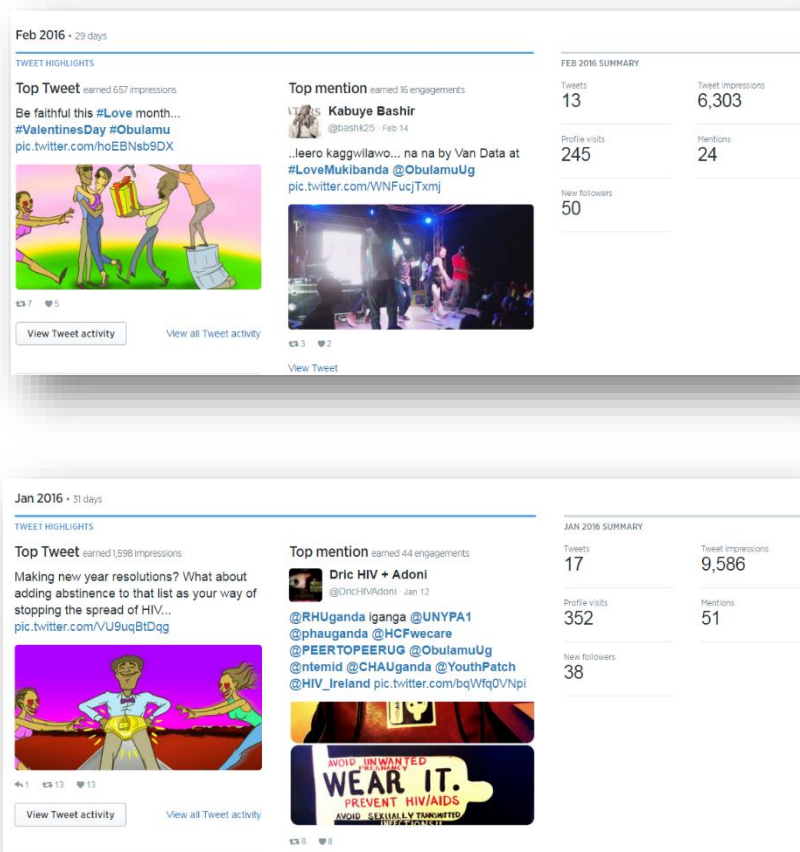


- ii) **Twitter:** Recent tweets about @ObulamuUg generated 44,906 total impressions and 22,707 potential reach as of March 30, 2016 as seen in the image below:



The summary for each month from January to March 2016





- At the 2016 International Conference on Family Planning meeting (see 3.2.2 below), K4H's editor expressed interest in CHC work and confirmed that anything that meets the quality standards will be published. CHC is in the process of writing a series of technical briefs from the evaluative observation 1 survey for dissemination locally and on such global KM platforms.

Comments/ Challenges:

- N/A

Lessons learnt

- Although organized gatherings of people with common interests such as working groups, committees, and task forces under the umbrella of the Ministry of Health and district health teams serve as communities of practice platforms, they are rarely deemed as such. Our assessments dating back to the audit of HC indicate that people often do not realize they already routinely engage in knowledge management as creators, gathers, distributors, and users of knowledge. This is mainly because the concept of KM is somewhat new. Rather than focus on less familiar terms such as communities of practice, CHC is harnessing the use of existing platforms to identify opportunities to strengthen them, e.g. under activities with the BCC WG, MER/KM task force, and thematic technical working groups CHC has been progressively identifying evidence (through HMIS/literature review and customized CHC assessments) to inform deliberations. In western Uganda, the CHC team has initiated a twinning process with one of the active DHEs (see 3.2.3 below). Similarly, CHC is using familiar concepts such as *informed/evidence-based decision making* or *data use for decision-making* with staff and partners, with connotations that the data/evidence does not always have to be generated afresh, but includes existing under-used knowledge. At regional level, CHC staff work closely with biostatisticians and implementing partners to review health service data to inform site selection for collaborative demand creation under the OBULAMU community show concept. Within CHC we use after-action-reviews to synthesize how well an activity was delivered, what improvements may be needed, and assign responsible parties.

Plans for the next quarter, April - June 2016:

- Finalize and produce a series of technical briefs from the evaluative observation 1 survey, ARC-DFID baseline, and Action Media assessments.
- Finalize and produce a series of success stories from CHC program rollout.
- Engender knowledge sharing and learning by disseminating KM products through networks and platforms identified at national, regional, and district levels

- Make use of existing global online KM platforms critical to wide distribution of knowledge products include Health Compass, K4H, and Communication Initiative
- Monitor and document progress with activities outlined above to make adjustments as needed

3.2.2 Engage in dissemination and advocacy events

Organizations Involved:

FHI 360, MOH

Activities Planned:

- Participate in international, national and regional exchange and dissemination events (links with IR2)
- Co-host exchanges and dissemination events at regional and national level by sponsoring roundtable discussions and identifying discussants, develop and make presentations with a clear focus on methodological steps and take home messages

Activities accomplished:

Participation in international, national and regional exchange and dissemination events (links with IR2): International

- CHC participated in the International Baby Food Action Network (IBFAN) regional conference from February 1-4, 2016 under the theme, “Translating the Global Strategy into good Maternal Infant and Young Child Feed Practices”. CHC facilitated press conference attended by 30 journalists which resulted in press coverage on maternal infant and child feeding and family planning on UBC and NTV; secured free talk shows on UBC and NBS TV as platforms to convey messages on nutrition; and made a presentation on the OBULAMU campaign at the conference
- International SBCC Summit 2016: CHC showcased two presentations poster presentations on ‘Understanding key drivers of teenage pregnancy in Eastern Uganda: A synthesis of findings from a participatory action research methodology, Action Media’ and ‘A communications response to the Malaria epidemic in Northern Uganda’ during the international SBCC Summit held in Addis Ababa, Ethiopia between February 8-10, 2016.
- International Conference on Family Planning (ICFP), Indonesia: CHC hosted a round table discussion with 12 people on ‘Promoting Contraception: Getting young people to understand FP relevance today’ at the ICFP on January 27, 2016.



Above: CHC staff (L) explains content on the poster presentation to a guest at the SBCC summit in Ethiopia. **Below:** Guests at the FP conference in a round table discussion



Key issues noted among young people were: none or lack of correct information on contraceptive choices, perception that FP should only happen after a couple has had at least one child, the terms ‘*Contraceptives* and *family planning*’ sound technical for young people. Recommendations include targeting boys and men in family planning interventions and using relevant approaches such as working with peers and sensitizing health workers about young people’s FP needs.

National events

- During Commemoration of World TB Day under the theme; “Unite to End TB”, CHC provided 1,500 TB brochures to partners and presented findings on TB from the CHC evaluative survey (Observation 1) at the TB Symposium organized by MSH/Track TB on March 22, 2016. In Kyenjojo where the national event was held, CHC conducted dialogues with 59 leaders (including religious

BELOW: CHC exhibiting some of its communication materials at the commemoration of the World TB day



leaders), health workers and VHTs, where information on the TB status was presented, discussed and commitments made by participants to fight against TB.

- Participation in the Save the Mothers annual dinner: CHC attended the Save the Mothers annual dinner on March 11, 2016, and shared preliminary findings of the 'Contraceptive knowledge assessment among AGYWs in Busoga region'. CHC also show-cased new Life Stage 4 materials developed after participatory research with adolescents.

Regional events

- CHC disseminated the OBULAMU campaign strategy with DHTs and IPs from Kotido, Moroto, Abim, Amudat, Kaabong, Napak and Nakapiripirit districts during coordination meetings in February 2016. The OBULAMU campaign strategy and updates were also shared with DHEs from Soroti, Mbale, Bukwo, Katakwi, Budaka, Busia and Sironko and USG IPs such as STAR –E, IDRC. These aimed to improve coordination of activities between the districts and CHC (links with IR2).
- CHC shared 345 OBULAMU Talking Points for Leaders and Champions and updates at the 'Regional Forum on the State of the Ugandan Child' in Mbale and Mbarara in February, 2016. The meetings were attended by IPs in East and South Western Region, CSOs and leaders (such as head teachers, religious leaders).

In South Western Uganda, CHC used the VMMC working group as a Community of Practice platform in which CHC shared findings from the Stakeholder engagements on the inclusion of Tetanus vaccination in SMC. Other issues discussed were; development of a robust mobilization strategy for VMMC for the 30 supported sites and integration of SMC in RMNCH services.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, April - June 2016:

- Participate in international, national and regional exchange and dissemination events (links with IR2)
- Co-host exchanges and dissemination events at regional and national level by sponsoring roundtable discussions and identifying discussants, develop and make presentations with a clear focus on methodological steps and take home messages

3.2.3 Improve KM skills

Organizations Involved:

FHI 360

Activities Planned:

- Mentor two MER/KM fellows through integration into OBULAMU program implementation and learning agenda and the COP
- Test a twinning model to match selected active DHEs with CHC regional offices so that they receive extra mentoring on basic skills in SBCC planning and coordination (linked to IR 1 Activity 1.3 and IR 2 Activity 2.1.2)
- Explore opportunities for incorporating any emerging interests from local institutions of higher learning in CHC learning agenda

Activities accomplished

- **Mentoring MER/KM fellows:**
 - In February 2016, CHC recruited two fellows from Uganda Management Institute (UMI) who are supporting the programme and learning from CHC general programming and M&E.
 - CHC also selected four Regional Communication Officers whose capacity is being built to support implementation of KM activities.

- **Testing a twinning model with selected active DHEs:** In quarter 2, implementation of the twinning model kicked off in Western and East Central region with eight DHEs from Kasese, Kabarole, Kiryandong, Mayuge, Iganga, Kamuli, Luuka and Namutumba districts. Execution of the model involves one-on-one capacity building sessions with the DHEs and follow-up of agreed upon actions. As a result, the DHEs from Kasese and Kabarole have replicated good practices from CHC such as; developing and implementing activity Scopes of Work, using data to make decisions and using visualization in participatory programmes (VIPP) during planning meetings.

In East Central Region, CHC is building the capacity of five DHEs (from Mayuge, Iganga, Kamuli, Luuka and Namutumba) by working together with the CHC team in planning, conducting and valuating activities (such as *Kandankes*), materials placement and identifying, orienting and deploying peer champions under the USAID/DFID/ARC. CHC will in Quarter 3 document and use learnings from Western and Eastern Uganda to inform coordination with other districts countrywide.

- **Exploring opportunities for collaboration with local institutions of higher learning:** CHC and Uganda Christian University's Save the Mother's programme (UCU-STM) met on March 3, 2016 to discuss opportunities for collaboration. The consultation resulted in:
 - Identification of opportunities for interested UCU students to conduct their research or thesis on the CHC programme.
 - Identification of four CHC staff to facilitate learning as lectures or research supervisors.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, April - June 2016:

- Mentor the two MER/KM fellows through integration into OBULAMU program implementation and learning agenda and the COP
- Conduct follow-up on the twinning model initiated with selected DHEs in western and East Central regions and identify progress in basic skills in SBCC planning and coordination (linked to IR 1 Activity 1.3 and IR 2 Activity 2.1.2)
- Explore opportunities for incorporating any emerging interests from local institutions of higher learning in CHC learning agenda

FINANCIAL REPORT JANUARY – MARCH 2016

Award Budget Line Items	Budget Total - 5 year period (TEC)	Current Obligated to Date in Award	Cummulative Expenditure to December 31, 2015	Expenditure January to March 2016	Cummulative Expenditure to March 31, 2016	Cumulative Balance	% of Budget Remaining	% of Obligation Remaining
Labour	\$6,532,711		\$2,524,785	\$269,515	\$2,794,300	\$3,738,411	57.23%	
Fringe Benefits	\$2,729,692		\$968,360	\$141,336	\$1,109,697	\$1,619,995	59.35%	
Travel	\$2,014,931		\$580,037	\$101,491	\$681,528	\$1,333,403	66.18%	
Equipment	\$443,500		\$423,440	-\$74	\$423,367	\$20,133	4.54%	
Supplies	\$75,623		\$22,648	\$0	\$22,648	\$52,975	70.05%	
Other Direct Costs	\$13,781,546		\$3,867,116	\$821,906	\$4,689,022	\$9,092,524	65.98%	
Sub-grants	\$14,152,764		\$5,293,168	\$1,351,112	\$6,644,280	\$7,508,484	53.05%	
Indirect costs	\$10,266,708		\$2,681,001	\$399,388	\$3,080,389	\$7,186,319	70.00%	
TOTAL	\$49,997,475	\$21,941,031	\$16,360,557	\$3,084,674	\$19,445,231	\$30,552,244	61.11%	11%
Cost Share	\$2,499,874		\$766,432	\$589,258	\$1,355,690	\$1,144,184	45.77%	